

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011950 (0)
1. Corporation Name
ALL HOURS FLOORING SERVICE, INC



Principal Place of Business: ~~10362 NW 55 ST. SUNRISE FL 33351~~
Mailing Address: ~~10362 NW 55 ST. SUNRISE FL 33351-8731~~

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	10372 N.W. 55 ST.	26	10372 N.W. 55 ST.	02/09/1994	05/01/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	SUNRISE, FLORIDA	28	SUNRISE, FLORIDA	65-0469348	Not Applicable
24	33351	29	33351	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	USA	30	USA	<input type="checkbox"/>	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEMARZO, CHARITY 10362 NW 55 ST. SUNRISE FL 33351				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	10372 N.W. 55 STREET		
				84	City	FL	85 Zip Code
					SUNRISE		33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMARZO, STEVE			1.2 NAME			
STREET ADDRESS	10362 NW 55 ST. SUNRISE FL 33351			1.3 STREET ADDRESS	10372 N.W. 55 STREET		
CITY-ST-ZIP	SUNRISE FL 33351			1.4 CITY-ST-ZIP	SUNRISE, FL 33351		
TITLE	SVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMAREZO, CHARITY			2.2 NAME			
STREET ADDRESS	10362 NW 55 ST. SUNRISE FL 33351			2.3 STREET ADDRESS	10372 N.W. 55 STREET		
CITY-ST-ZIP	SUNRISE FL 33351			2.4 CITY-ST-ZIP	SUNRISE, FL 33351		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Charity Demarzo* 4-20-97 10372 NW 55 ST

CR2E034 (9/96)