SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P96000055100 (7)

1. Corporation Name
SPECIALTY FLOOR DESIGNS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
457 WEKIVA COVE RD LONGWOOD FL 32779	457 WEKIVA COVE RD LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3394730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ERIKSTRUP, DAVID R
457 WEKIVA COVE RD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ERIKSTRUP, DAVID R		1.2 NAME		
STREET ADDRESS	457 WEKIVA COVE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIGAN, JOSEPH D JR.		2.2 NAME		
STREET ADDRESS	457 WEKIVA COVE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	LESLIE STASIC	☒ Change ☐ Addition
NAME	LEBLANC, PATRICK		3.2 NAME		
STREET ADDRESS	457 WEKIVA COVE RD		3.3 STREET ADDRESS	1490 ELM AVE.	
CITY-ST-ZIP	LONGWOOD FL 32779		3.4 CITY-ST-ZIP	WINTER PARK, FLA. 32789	
TITLE	VP	☒ DELETE	4.1 TITLE	SAMUEL KESSLER	☒ Change ☐ Addition
NAME	RADES, DANNY		4.2 NAME		
STREET ADDRESS	457 WEKIVA COVE RD		4.3 STREET ADDRESS	3444 GAVESON CT.	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	PORT ORANGE, FLA. 32119	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 added by an attachment with an address.

SIGNATURE: [signature] (REQUIRED) 7/31/98 407-830-8153

CR2E034 (5/98)