PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000087155

1. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90167 006 ***158.75

FLOORIN	NG BY STAN, INC.		•					
Principal Place	e of Business	Mailing Address			1	E IMMAINME TIM AMIET FRANCE ROEFF AMIET AMIET AMIET AMIET AM	#1#1 1#591 \$###1 [1##?	MIROL WILL LAND
5874 100TH AV								
5874 100TH AVENUE. NORTH 5874 100TH AVENUE. NORTH PINEALLAS PARK FL 33782 PINEALLAS PARK FL 33782								
						DO NOT WRITE IN T	HIS SPACE	
					1 -	Date Incorporated or Qualifed 10/09/1997		ļ
- 530000	No and Description	2a. Mailing Address				FEI Number	I An	plied For
<u> </u>	=; · · · · · · · · · · · · · · · · · · ·					59-3482762		t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	
22 27					5. (Certifcate of Status Desired	Fee Re	
City & State City & State					6.6	Election Campaign Financing	\$5.00	May Be
23	28				1	Trust Fund Contribution	Added to	
Zip				ry	8.	This corporation owes the current yea	r Intangible	
24	25	29 30	0			Personal Property Tax.		□No
,	9. Name and Address of Curre	nt Registered Agent			10.	Name and Address of New Registe	red Agent	
0114	OF OUDIOTHE D		8	1 Name				
CHASE, CHRISTINE B				82 Street Address (P.O. Box Number is Not Acceptable)				
5874 100TH AVENUE N.					· · · · · ·			
PINE	ELLAS PARK FL 33782		8	3				1
			8	4 City			85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				,		-	FL O	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was auth	norized b	y the corporatio	on's boa	ard of directors, I hereby accept the al	opoinunent as reç	gistered
SIGNATORE	Signature, typed or printed name of registered ag		egistered Aç	ent signature required				
12.		ND DIRECTORS	13.	——т	A	DDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition
TITLE	, •			1.1 TITLE		•	☐ Change	☐ MODIGOIT
NAME	CHASE, STAN A		1.2 NAME					
STREET ADDRESS	abortess and a second s			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-				☐ Change	Addition
TITLE	<u> </u>			2.1 TITLE			□ Citange	
NAME	CHASE, CHRISTINE	1	2.2 NAM					_
STREET ADDRESS		1		ETADDRESS				
CITY-ST-ZIP	PINEALLAS PARK FL 33782	□ DELETE	2. 4 CITY 3.1 TITLE				☐ Change	Addition
TITLE		DELETE					E J Ollango	
NAME			3 2 NAME	\		•		-
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		□ DELETE	3.4. CITY 4.1 TITLE				☐ Change	Addition
TITLE		- Dette ie	4. 2 NAM			· '		_
NAME CTREET ADDRESS				ET ADDRESS		•	•	
STREET ADDRESS			1					
CITY-ST-ZIP		DELETE	4.4 CITY-			· · ·	☐ Change	Addition
NAME			5.2 NAM	l l			,	
STREET ADDRESS				ET ADORESS			•	
			5.4 CITY	- 1				
CITY-ST-ZIP								
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAMI				☐ Change	☐ Addition

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (