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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087155 (2)

FLOORING BY STAN, INC.

FILED

03 MAY -5 AM 8: 08

SECRETARY OF STATE TALLAHASSEE. FLORIDA



					8151 38881 21881 87181 8121 1881
Principal Plac	e of Business	Mailing Address			11(1) 10001 1180) BIIDI 8117 1001
5874 100TH AVENUE. NORTH 5874 100TH AVENUE. NORT			Н		
PINEALLAS PARK FL 33782		PINEALLAS PARK FL 33782		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	O SI AGE
				10/09/1997	
2. Principal P	lace of Business	2a. Mailing Address		4 FFI Number	Applied For
21 4616) '47 th Ave	26 465 191	HICI'A Ave		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. ,		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	PEH FC	City & State	F/	6. Election Campaign Financing	\$5.00 May Be
Zip		28 Junedin	Country	Trust Fund Contribution	Added to Fees
一 つつー	Country (34698	Country	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Intangible
24 55	g Name and Address of Current	29 / / / 0 30	<u>'</u>	10. Name and Address of New Registere	
- AM	1,124		81 Name 1/	COTI	
* AMERILAWYER (会) 343 ALMERIA AVENUE			77	Il Tinancial	
CORAL GABLES FL 33134			82 Street Add	Irass (P.O. Box Number is Not Acceptable)	
CONAL GABLES RE 33134				J 4771010 770 0	
V 4					
]			84 City /	inedin & F	85 3484A
, 11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named cor		
office or r	registered a ger or both, in the State of	f Florida, Such change was aut ops of Section 607 0505, Florid	norized by the corpora la Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	- Xing (1)	2/N/Q			
SIGNATURE	Signature, speci or printed earns of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, STAN A		1.2 NAME	0000188319	180
STREET ADDRESS	5874 100TH AVENUE, NORTH		1.3 STREET ADDRESS	000018831S 05/13/0301032006	**150.00
CITY-ST-ZIP	PINEALLAS PARK FL 33782		1.4 CITY - ST - ZIP		
TITLE	SVTD	DELETE	2.1 TITLE	•	Change Addition
NAME	CHASE, CHRISTINE	,	2.2 NAME		
STREET ADDRESS	5874 100TH AVENUE, NORTH		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	PINEALLAS PARK FL 33782	<u></u>	2. 4 City-St-ZiP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME		,	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
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		

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 of 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 or an attachment with an address.

SIGNATURE: