

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90014 002 \*\*\*158.75

DOCUMENT # P98000061672

1. Corporation Name THE FLOOR STORE OF GAINESVILLE, INC.



Principal Place of Business 1809 SW 69TH TERRACE GAINESVILLE FL 32607 Mailing Address 1809 SW 69TH TERRACE GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1998 4. FEI Number \* 59-3528195 Applied For Not Applicable 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. [ ] Yes [X] No

2. Principal Place of Business 1809 SW 69TH TERR. Suite, Apt. #, etc. City & State GAINESVILLE FL 32607 Zip 32607 Country ALABAMA 2a. Mailing Address 1809 SW 69TH TERR. Suite, Apt. #, etc. City & State GAINESVILLE FL Zip 32607 Country ALABAMA

9. Name and Address of Current Registered Agent MEFTAH, MILAD M 1809 SW 69TH TERRACE GAINESVILLE FL 32607

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 [Signature] DATE 4/13/99

12. OFFICERS AND DIRECTORS TITLE PRESIDENT NAME MILAD MEFTAH STREET ADDRESS 1809 SW 69TH TERRACE CITY-ST-ZIP GAINESVILLE FL, 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE 4/13/99 DAYTIME PHONE #

CR2E034 (11/98)