Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90064 036 ***150.00

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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

DOCUMENT # 361147

1. Corporation Name

CREATIVE FLOORS OF VERO BEACH, INC.

				, ,			
Principal Place of Business Mailing Address					1 100100 (110 010) 1100 1100 0100 1000		
1137 OLD DIXIE 7245 18TH ST							•
VERO BEACH FL 32960 VERO BEACH FL 32966					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualified		
					03/17/1970		Į
2 Principal P	Nace of Rusiness	2a. Mailing Address	-		4. FEI Number	Apr	lied For
					59-1285175		Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
					5. Certifcate of Status Desired	Fee Red	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	
Zip Country Zip			Country		8. This corporation owes the current year	Intangible	
24	25 29		30		Personal Property Tax.		
	9. Name and Address of Curre		11		10. Name and Address of New Registere	d Agent	
		<u> </u>	81	Name			}
I .	IARO, RONALD S.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
3621-20TH ST.			04	Sireet Add	iress (F.O. Box Number is Not Acceptable)		
	ΓE 401		83				
VER	O BEACH FL 32960					10-1 71-0	
Ì		÷	84	City	F	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered
l office or i	registered agent, or hoth, in the State	e of Florida. Such change was a	utnonzed by	tne corporat	ion's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Fig	ilua Statutes).			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE	: Registered Age	nt signature requir	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	ST	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CORLEY, J PARKS		1.2 NAME				
STREET ADDRESS	ZOAS AOTH CEDEUT		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-5	ST-ZIP			
TITLE	PD	☐ DELETE 2.1 TI				Change	☐ Addition
NAME	CORLEY, MARGARET R.		2.2 NAME				1
STREET ADDRESS			23 STREE	TADDRESS			1
CITY-ST-ZIP	VERO BEACH FL		2. 4 CITY-	Ų			
777.5	V	DELETE == □DELETE	_				
NAME	WONKA, TERESA, C		3.2 NAME				
STREET ADDRESS	0400 40 OT OW			TADDRESS			
1	VERO BEACH FL		3.4. CITY-				
TITLE	D DENOTE TO	☐ DELETE	4.1 TITLE	- 1- CII		Change	Addition
1	WONKA, DAVE J.		4, 2 NAME			_ •	ţ
NAME CTOET +000666	0400 40 OT OM			TADORESS			1
STREET ADDRESS	VERO BEACH FL						Ì
CITY-ST-ZIP	VERU DEMOTIFE	☐ DELETE	4.4 CITY-S	1-21		Change	[7] Addition
TITLE	}		5.1 IIILE 5.2 NAME				
NAME				T ADDRESS			ĺ
STREET ADDRESS	:[0.3 3 I KEE	. FEDITESS			j
CITY-ST-ZIP			5.4 CITY O	T. 7ID			
) TITLE		□ nei ete	5.4 CITY-5	T-ZIP		Change	☐ Addition
\		☐ DELETÉ	6.1 TITLE	T-ZIP		Change	☐ Addition
NAME STREET ADDRESS		☐ DELETÉ	6.1 TITLE 6.2 NAME	T ADDRESS		☐ Change	☐ Addition

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP