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

PROFIT CORPORATION ANNUAL REPORT

1999

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

99 APR 23 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #377594

1. Corporation Name
CUT RATE LINOLEUM & TILE CO. WEST, INC.

Principal Place of Business
1430 CASSAT AVE.
JACKSONVILLE, FL. 32205

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 ABOVE Suite, Apt. #, etc.
22 N/A City & State
23 Zip Country

2a. Mailing Address
26 ABOVE Suite, Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified

4. F.E.I. Number
59-1918360

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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: MICHAEL FRIEDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4285 VIA VILENCIA CIR
83
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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] 4/21/99
Signature, type or printed name of registered agent and date (if applicable) (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS

TITLE	SECT./TREASURE	[ ] DELETE
NAME	FRANCINE FRIEDMAN	
STREET ADDRESS	3127 ESSEX LN.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32257	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	[X] Change [ ] Add
12 NAME	MICHAEL FRIEDMAN	
13 STREET ADDRESS	4285 VIA VALENCIA CIR	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

200002858902--4
-04/30/99--01111--007
*****61.25 *****61.25

CR2E034 (1/98)

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] MICHAEL FRIEDMAN 4/21/99 904-389-9406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #