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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430901

(9)

CUSTOM WHOLESALE FLOORS INC.

FILED									
Jan 15 1	997	8:00am							
Secreta	ary (	of State							



Principal Place of Business Mailing Address									
2020 NW 23 STREET MIAMI FL 33142	2020 NW 23 STREET MIAMI FL 33142-7559	2020 NW 23 STREET							
				3. Date Incorporated or Qualified 07/16/1973					
2. Principal Place of Business	2a. Mailing Address 26				4. FEI Number 59-1488464		<del></del>	pplied For ot Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75	Additional equired	
City & State	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00	May Be to Fees	
Zip Country	Zip 29	Count 30			8. This corporation has liability for	liability for intangible tax under s. 199.03.			
9. Name and Address	of Current Registered Agent				10. Name and Address of New Re	gistered Ag	ent		
DUPREE, JOSEPH H			81	Name					
2020 NW 23RD ST MIAMI FL 33142		}	82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		<del></del>	
Man i P AO 1 1 P		Ì	83						
			84	City		FL	85 Zip	Code	
	CERS AND DIRECTORS	13.		nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFK				
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TREET ADDRESS   1/024 SW 801H CT		1.3 5 II 1.4 CIT		ADDRESS   ST-7IP					
ITLE ST	DELETE	2.1 Til			<u> </u>		Change	Additio	
AME DUPREE, THOMAS O.	.H.,JR	2 2 NA	ME						
TREET ADDRESS 2030 N.W. 23RD ST		2351	AEET	ADDRESS	•				
TY-ST-ZIP MIAMI,FL4		2. 4 CI		ST - ZIP			12.		
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TREET ADDRESS 2030 NW 23 ST.  MIAMI FL				r address St - Zip					
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I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/3/96

(305)655-6427 Dayline Prone # 0195786