

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:03

DOCUMENT # **464796** (2)  
1. Corporation Name  
**FLOORCRAFT, INC.**

Principal Place of Business Mailing Address  
**404 S. HARBOR CITY BLVD. MELBOURNE FL 32901** **404 S. HARBOR CITY BLVD. MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/08/1974** 3a. Date of Last Report **04/15/1994**  
4. FEI Number **59-1574809** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**STEELE, WILLIAM M  
2299 ALBERTA CT  
MELBOURNE FL**

10. Name and Address of New Registered Agent  
81 Name **Steele, Cynthia K.**  
82 Street Address (P.O. Box Number is Not Acceptable) **319 Howard Lane**  
83  
84 City **Melbourne** FL 85 Zip Code **32935**

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 **Cynthia K. Steele, President** *Cynthia K. Steele Pres* Jan. 15, 1995  
Signature, typed or printed name of registered agent and use if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, WILLIAM	1.2 NAME	Steele, William
STREET ADDRESS	2299 ALBERTA CT	1.3 STREET ADDRESS	404 South Harbor City Blvd
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	V	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CYNTHIA	2.2 NAME	Steele, Cynthia
STREET ADDRESS	2273 MONTGOMERY RD	2.3 STREET ADDRESS	319 Howard Lane
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	S	3.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, BARBARA	3.2 NAME	
STREET ADDRESS	2299 ALBERTA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Germany, John W.
STREET ADDRESS		4.3 STREET ADDRESS	319 Howard Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Cynthia K. Steele Pres* Jan. 15, 1995 (407) 724-6982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)