

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 date if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEELE, WILLIAM
STREET ADDRESS	2299 ALBERTA CT
CITY-ST-ZIP	MELBOURNE FL
TITLE	V
NAME	STEELE, CYNTHIA
STREET ADDRESS	2273 MONTGOMERY RD
CITY-ST-ZIP	MELBOURNE FL
TITLE	S
NAME	STEELE, BARBARA
STREET ADDRESS	2299 ALBERTA CT
CITY-ST-ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steele, William
1.3 STREET ADDRESS	404 South Harbor City Blvd
1.4 CITY-ST-ZIP	Melbourne, FL 32901
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steele, Cynthia
2.3 STREET ADDRESS	319 Howard Lane
2.4 CITY-ST-ZIP	Melbourne, FL 32935
3.1 TITLE	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Germany, John W.
4.3 STREET ADDRESS	319 Howard Lane
4.4 CITY-ST-ZIP	Melbourne, FL 32935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)