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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

464796

(2)

FLOORCRAFT, INC.

Principal Place of Business

Mailing Address

404 S. HARBOR CITY BLVD. MELBOURNE FL 32901

404 S. HARBOR CITY BLVD. MELBOURNE FL 32901



MELBOURN	IE FL 32901	MELBOURNE FL 32	MELBOURNE FL 32901						
						3. Date Incorporated or Qualified 11/08/1974	3a. Date		st Report 2/1995
2. Principal Pla	ice of Business	2a. Mailing Address	Mailing Address			4. FEI Number		T	Applied For
21		26				59-1574808			Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	<u>├──</u> ┐			5. Certificate of Status Desired			75 Additional ee Required
City & State		City & State	City & State			6. Election Campaign Financing			.00 May Be
23		28				Trust Fund Contribution			ded to Fees
Zip	Country	Zip	C	ountry	!	8. This corporation has liability for in	ntangible ta	x unde	rs 199.032,
24	25	[29]	30			Florida Statutes	_		
	9. Name and Address	of Current Registered Agent				10. Name and Address of New R	gistered /	Agent	
ATT				81	Name				
STEELE, CYNTHIA K.				82	Street Add	dress (P.O. Box Number is Not Acceptabl	6)		
319 HOWARD LANE MELBOURNE FL 32935				83					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2			84	City			85	Zip Code
					- '	_	FL	1 1	· ·
		s 607,0502 and 607,1508, Florida Statut ate of Florida. Such change was authoriz ns of, Section 607,0505, Florida Statutes		ove-r corp	named corpo oration's bo	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of cha intment as	nging i registe	ts registered office red agent. I am
SIGNATURE _	Signature, typed or printed name of re		Of E Rogister	ed Ager	vt signature requir	red when reinstating)	DATE	-	
12.	OFF	ICERS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIREC	TORS IN 12
TITLE	V	☐ DELETE	1 1	TITLE		·] Chan	ge 🔲 Addition
NAME	STEELE, WILLIAM		12	1 2 NAME					
STREET ADDRESS	404 SOUTH HARB	SOR CITY BLVD.	1.3	STREET	ADDRESS				
CHY-ST-ZIP	MELBOURNE FL			1.4 CHTY-ST-ZIP					
TITLE				. 2.1 TITLE] Chan	ge 🔲 Addition
NAME	STEELE, CYNTHIA 319 HOWARD LAN			NAME					
STHEET ADDRESS	MELBOURNE FL	AE .			ADDRESS				
TILLE	MELDOURNE PL	DELETE		2 4 CITY - ST - ZIP 3 1 TITLE			<u></u>		
NAME	GERMANY, JOHN						L.] Chan	ge 🗌 Addition
STREET ADDRESS	319 HOWARD LAN			NAME	400000				
CITY-ST-ZIP	MELBOURNE FL	1 L			ADDRESS				
TITLE	WILLDOON INC. I E	[DELETE		CITY - S TITLE	1-ZIP] Chang	no [] Addition
NAME				NAME			Ļ	1 man	ge 🗌 Addition
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S					
TITLE		DELETE		TITLE	1-216		F	1 Chanc	e Addition
NAME		-		NAME) Amany	N □ Nonition
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP				CITY-S					
TITLE		☐ DELETE		TITLE				Chang	e Addition
NAME		_		NAME				J - 0.16.15	- L AUDITOR
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				DITY-SI	1				i
	certify that the information	supplied with this filing is voluntarily furn				for the evaporation stated in Costing 110.0	7000 5		

14. Ido 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 eath; 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 atjachment with an address.

SIGNATURE:

Date Daytime Phone #