



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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 1. Corporation Name <b>499471</b>			
<b>CUT RATE LINOLEUM AND TILE CO. SOUTH</b>			
<b>Principal Place of Business</b> 1601 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL. 32211		<b>Mailing Address</b> (SAME)	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.	
<b>23. City &amp; State</b> City State		<b>27. City &amp; State</b> City State	
<b>24. Zip</b> 25 Country		<b>28. Zip</b> 29 Country	
<b>9. Name and Address of Current Registered Agent</b> FRIEDMAN, GERALD A. 1601 UNIVERSITY BLVD. N. JACKSONVILLE, FL. 32211		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
<b>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.</b>			
<b>SIGNATURE:</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b> 1.1 TITLE NAME PRESIDENT STREET ADDRESS GERALD A. FRIEDMAN CITY-STATE-ZIP 1601 UNIVERSITY BLVD. N. JAX 32211 1.2 TITLE NAME V. PRESIDENT STREET ADDRESS MICHAEL FRIEDMAN CITY-STATE-ZIP 1601 UNIVERSITY BLVD. N. JAX 32211 1.3 TITLE NAME SECT. STREET ADDRESS KEITH ZIPPER CITY-STATE-ZIP 1601 UNIVERSITY BLVD. N. JAX 32211 1.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
<b>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.</b>			
<b>SIGNATURE:</b>  <b>GERALD A. FRIEDMAN</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/25/97</b> Date <b>904-744-1661</b> Daytime Phone #	

CR2E034 (9/96)