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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660662

(8)

FILED Mar 31 1998 8:00am Secretary of State

FLOOR	ING TO THE TRADE, INC					
Principal Place	e of Business	Mailing Address				OFBIL OPBIL DIGIF GLORI GIUFI IDBI
3930 N.E. 2ND AVE. 3930 N.E. 2ND AVE. MIAMI FL 33137-3622 MIAMI FL 33137-3622					DO NOT WRITE IN TI	HIS SPACE
					3. Date Incorporated or Qualified	
					03/26/1980	
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	Applied For
21 26					59-1980727	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City & State					• Flatin Open des Signatur	
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip			Country		8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curi		- <u>-</u> -	·····	10. Name and Address of New Registe	red Agent
RO	SEN, NEIL M		81	Name		
3930 NE 2 AVE			62	Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33137			02	Slieel Auc	siess (F.O. Box (40)) box 140) hot Acceptable)	
			83			
			84	City		85 Zip Code
				1 '		F L `
SIGNATURE					poretion submits this statement for the purpo- ation's board of directors. I hereby accept the	
	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: AND DIRECTORS	13.	ent signature requ	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
12.	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ROSEN, NEIL M		1.2 NAME			
STREET ADDRESS	AAAA DIR A SAMEDAM			ADDRESS	•	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	1		
TITLE			2.1 TITLE	,		Change Addition
NAME			22 NAME			- · · ·
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	3.3		3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME	4.2		4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS	SS 5.3		5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST - ZIP		
TITLE	☐ DELETE		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		

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 processor of the pr

3-20-00