FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 670131

1. Corporation Name

DESIGNERS CHOICE IN FLOORS, INC., SOUTH

Principal Place of Business / Mailing Address

See Box 2 and 2a for 1996 address information. Different from 1995 report.

2. Principal Place of Business	2a. Mailing Address
21 7520 Granville Drive	26 7520 Granville Drive
Suite, Apt. #, etc. 22 Apt 111	Suite, Apt. #, etc. 27 Apt 111
City & State 23 Tamarac, FL	City & State 28 Tamarac, FL
Zip 24 33321 / Country 25 US	Zip 29 33321 / Country 30 US

3. Date Incorporated or Qualified: 05/14/80

3a. Date of Last Report: 3/95

4. FEI Number: 59-1912655 ☐ 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

9. Name and Address of Current Registered Agent

Marilyn Levine
see box 10 for 1996 information:
address different from 1995 report.

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 7520 Granville Drive Apt 111

83

84 City: Tamarac **FL** 85 Zip Code: 33321

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	P/S/T Marilyn Levine see address change in Box 13 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	☒ Change ☐ Addition 7520 Granville Drive Apt 111 Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D Marilyn Levine see address change in Box 13 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☒ Change ☐ Addition 7520 Granville Drive Apt 111 Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ Change ☐ Addition 700001761107 -03/28/96--01056--031 ***200.00
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 added on an attachment with an address.

SIGNATURE: Marilyn Levine Marilyn Levine 3/25/96 (954) 726-9607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

30.00