

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90115 020 \*\*\*150.00

0170521

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 670131

1. Corporation Name

DESIGNERS CHOICE IN FLOORS, INC., SOUTH



Principal Place of Business

9777 WESTVIEW DR  
APT 1117  
CORAL SPRINGS FL 33076  
US

Mailing Address

9777 WESTVIEW DR  
APT 1117  
CORAL SPRINGS FL 33076  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1980

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 owes the current year intangible  
Personal Property Tax.



Yes ☒ No

2. Principal Place of Business

21. ~~DESIGNERS CHOICE IN FLOORS, INC., SOUTH~~

22. Suite, Apt. #, etc.  
5123 N.W. 121 DR

23. City & State  
CORAL SPRINGS, FL

24. Zip  
33076

25. Country  
BRW

2a. Mailing Address

26. ~~DESIGNERS CHOICE~~

27. Suite, Apt. #, etc.  
5123 N.W. 121 DR

28. City & State  
CORAL SPRINGS, FL

29. Zip  
33076

30. Country  
BRW

9. Name and Address of Current Registered Agent

WITTEN, SHERI  
9777 WESTVIEW DR  
APT 1117  
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81. Name  
SHERI WITLEN  
82. Street Address (P.O. Box Number is Not Acceptable)  
5123 N.W. 121 DR.  
83. City  
CORAL SPRINGS FL 33076  
84. City  
FL  
85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 954 750 8359