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

F93000003261 (5) DOCUMENT #

SAM KINNAIRD'S FLOORING OUTLET, INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I HADIIDO (NID IBIDO NIVAL ODISE DOSE DOSES DO	/III		
4343 POPLAR LEVEL ROAD 4343 POPLAR LEVEL RO			DAD				
LOUISVILLE KY 40213 LOUISVILLE KY 40213					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	THIS SPACE	
					07/08/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			61-1162611	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional	
City & Stat	City & State City & State					Fee Required	
23					6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7 p	Coun	itrv	Trust Fund Contribution 8. This corporation owes or has paid the		
24	25	29	30	,	Personal Property Tax due June 30.		
Name and Address of Current Registered Agent					10. Name and Address of New Regist		
	inaird, sam		1	B1 Name			
4301 N. OCEAN BLVD			la la	32 Street Addr	ess (P.O. Box Number is Not Acceptable)		
A-401 SEA RANCH CLUB				1330	9 NW GIST C	11-Cle	
ВО	CA RATON FL 33431		1	93			
			1	14 C 3 CY	0 7	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0	(12 and 607 1508, Florida Statu	tor the phy		A KA 10h	FL 33496	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli-	te of Florida Such change was	authorized	by the corporat	poration submits this statement for the purpo ion's board of directors. I hereby accept the	e appointment as registered	
_	m adminar with, and accept the con-	gandina dr. Section 607.0505, Fr	onda Siaiu	tes.			
SIGNATURE	Signature, typed or profest name of registered a	gent and life if applicable (NO	L. Registered	Agent signature require	ed when reinstating) D	PATE	
12.	OFFICERS A	ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS		
TITLE	r Kinnajrd, sam	L DELETE	1.1 TITL			Change Addition	
NAME	4301 N OCEAN BLVD., A-40	IL SEA DANCH CHIB	1.2 NAN				
STREET ADDRESS	BOCA RATON FL 33431	T SEA HANGI CLUB		EET ADDRESS			
CITY-ST-ZIP TITLE	V	DELETE	2.1 TUTL	'-ST-ZIP		Change Addition	
NAME	MUDD, JIM	End beeting	2.2 NAM			CT CHAING CT MODITION	
STREET ADDRESS	9802 FOUR SEASONS LANI		1	EET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY 40241			Y-ST-ZIP			
TITLE	8	DELETE	3.1 TITL			Change Addition	
NAME	KINNAIRD, PAT		32 NAM	IE			
STREET ADDRESS	4301 N. OCEAN BLVD., A-40	DI SEA RANCH CLUB	3.3 STRI	EET ADDRESS		·	
CITY-ST-ZIP	BOCA RATON FL 33431	·····		Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	1		☐ Change ☐ Addition	
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL	- \$T - ZIP		Change Addition	
NAME		L. J OLCH	5.1 HILL			Change Addition	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	6.1 TITLE		7777	☐ Change ☐ Addition	
NAME			6 2 NAM				
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP				- ST - ZIP		j	

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 13 if chapter 607 or on an attachment with appears.