

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

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**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # G20801 (8)**

1. Corporation Name  
**PALM BEACH DECORATIVE FLOORS, INC.**



Principal Place of Business: **6841 VISTA PKWY N W PALM BCH FL 33411 US**  
Mailing Address: **6841 VISTA PARKWAY NORTH WEST PAL BEACH FL 33411-2710 US**

3. Date Incorporated or Qualified: **01/28/1983**  
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>1432-A SKEES ROAD</b>	26 <b>1432-A SKEES ROAD</b>	<b>59-2298935</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 City & State: <b>WEST PALM BEACH, FL</b>	28 City & State: <b>WEST PALM BEACH, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip: <b>33411</b> Country: <b>USA</b>	29 Zip: <b>33411</b> Country: <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>TWARDOWSKI, LARRY J 6841 VISTA PARKWAY NORTH WES PALM BEACH FL 33411</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1432-A SKEES ROAD</b> 83 84 City <b>WPB</b> State <b>FL</b> Zip Code <b>33411</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.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TWARDOWSKI, LARRY J.</b>		1.2 NAME	
STREET ADDRESS: <b>1906 STAIMFORD CR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>W PALM BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TWARDOWSKI, MARIA C.</b>		2.2 NAME	
STREET ADDRESS: <b>1906 STAIMFORD CR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>W. PALM BEACH FL</b>		2.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* 1-14-97 (561)6403633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)