## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G97040

(1)

DISTINCTION IN FLOORING, INC.					
Principal Place	of Business	Mailing Address		I PODIALI ERIK IRAK IODIA ORINI ERAK	BON OLON DIGH ONNY BLON GYAY ONNY YORK
% JOSEPH V. TURK. JR. 4011 SW 47TH AVE STE 1106 FORT LAUDERDALE FL 33314		% JOSEPH V. TURK. JR. 4011 SW 47TH AVE STE 1106 FORT LAUDERDALE FL 33314		Date Incorporated or Qualified	3a. Date of Last Report
				03/19/1984	04/19/1995
2. Principal Pla 21		2a. Mailing Address 26		4. FE! Number 59-2383360	Applied For Not Applicable
Seite Apt. ( [ <b>22</b> ]		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23	•	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ.	Country 25	Ζ <sub>Ι</sub> ρ <b>29</b>	Country 30	This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	egistered Agent
SUITE 1	V 47TH AVE STE 1106 71		83	Joseph V. Turk J. ress (P.O. Box Number is Not Acceptable 8121 N. W. 12th S Pembroke Pines, F	treet
	DERDALE FL 33314		84 City		FL 85 Zep Code
familia: wit SIGNATURE	OFFICERS AN	M	IS.  13.	ration submits this statement for the purific of directors. I hereby accept the appoint of directors and the second statement of the purific of directors. I hereby accept the appoint of directors and directors are statement of the purific of directors and directors are statement of the purific of directors and directors are statement of directors.	L9/96
NAME STREET ADDRESS OFFY: ST-ZIP	DP TURK, JOSEPH V., JR. 8121 NW 12TH STREET PEMBROKE PINES FL	☐ DELFTE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C-TY-ST-ZIP		Change Addition
THUE NAME STREET ADDRESS OF STUZIE	· · · · · · · · · · · · · · · · · · ·	DETETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST- ZIP		Change Addition
NAME STREET ACORESS OF Y-ST-ZIE		DELETE	3 1 1/1LE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP		Change Addition
NAME SIMELLATION SS OITY-SEZIE		☐ DELETE	4 1 Title 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
THE STREET ADDRESS OUT STREET		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Change ☐ Addition
THEF  MAME  STREET ACORESS  OF Y-ST-ZIP		DELETE	5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS		☐ Change ☐ Addition
14. Lido bereb	the Information indicated/on this and	iual recort or supplemental an	nual renort is true and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the sis report as required by Chapter 607, Fig.	earna logal offeet on if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

1/29/96

305 -791-4097