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Jan 16 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 # **H65564** (7)

1. Corporation Name
MASTERCRAFT FLOORING DISTRIBUTORS, INC.



Principal Place of Business
**13001 NW 38TH AVENUE
MIAMI FL 33054**

Mailing Address
**13001 NW 38TH AVENUE
MIAMI FL 33054-4501**

3. Date Incorporated or Qualified **07/08/1985** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2552760		Applied For ☐ Not Applicable	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**JOHNSON, HARVEY J.
13001 N. W. 38TH AVENUE
MIAMI FL 33054**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 type: (printed name of registered agent) (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HARVEY J.	1.2 NAME	
STREET ADDRESS	13001 N. W. 38TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARBAGLIA, THOMAS	2.2 NAME	
STREET ADDRESS	13001 N. W. 38TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, PAUL F.	3.2 NAME	
STREET ADDRESS	13001 N. W. 38TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:

Thomas Barbaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Barbaglia

1/7/97

305-688-7771

Date

Daytime Phone #

CR2E034 (9/96)