

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90099 045 ***150.00

1. Corporation	MÉNT # J75244 R FLOORS, INC.				
Principal Place	of Duchage	Mailing Address			
6207 NGINTOSI		6207 MOUNTIONSH RD			
CADACITA	24220	SARABOTA EL 34238		DO NOT WRITE IN THIS SPACE	
4580	North Ente Ct	٠		3. Date Incorporated or Qualified	7
GARAGE	otn, 91. 342 34			05/27/1987	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For	
21		26		59-2816402 Not Applicable	듸
Suite, ApL	F	Suite, Apt. #, etc.		5. Certificate of Status Desired	1
22		City & State			-
City & Stat	-	City & State		6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees	
Zic Zic	Country	Zip	Country	8. This corporation owes the current year intangible]_
24		29	30	Personal Property Tax.	_
	9. Name and Address of Current R	egistered Agent	24	10. Name and Address of New Registered Agent	-
UOD	AUTO MADDEN I HOUSE	er, Warren	/ '	Toteron Hooks TWE W.L. HORNER	_]
				eet Address (P.O. Box Number is Not Acceptable)	1
	ASOTA FL 34238 45 80	North BAte	CF. 83	4580 NORTH BATE Et.	-
ÇPVI.	AUDIA A CHEOU	ota. 71-3423	30 _	SMASOTA 74.	4
	SATAS	OIA. 71-3423	4 84 City	FL 85 Ztp Code 34234	-
44 Dumunnt	to the provinces of Sections 607 0502 #	nd 607 1508. Florida Statute	s, the above-name	density of the contract for the number of the principal state of the principal state of	7
agent. I a	m familiar with, and accept the obligation Signature, typed or printed name of registered agent and	s or, Section 607.0505, Fish	da Sialdios.	orporation's board of directors. I hereby accept the appointment as registered was required when remaining) DATE	Į ģ
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 12	CR25034 /11/98
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NAME	HORNER, WARREN L	INDIANA LN.	12 NAME	·	5
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STREET ADDRESS			3.3 STREET ADDRE	ESS	-
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NAME			4.2 NAME		
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NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADORE	ESS	1
ATT. 07 70			64 CiTY-ST-ZIP		}

14. It ereby 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 seport is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fustee 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 by an attachment with an address, with a lift of the corporation of th

UNE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DENT