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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J94605 1. Corporation Name

PRESTIGE CUSTOM FLOORING, INC.

FILED
Feb 04, 1999 8:00am
Secretary of State

02-04-1999 90013 003 \*\*\*150.00



Principal Place	of Business	Mailing Address						
8297 W. CRYSTAL ST. CRYSTAL RIVER FL 34429 US		8297 W. CRYSTAL ST. CRYSTAL RIVER FL 34429 US						
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
								l
					09/25/1987			
		On Mailing Addrson			4. FEI Number	Anr	lied For	_
2. Principal Pi	ace of Business	2a. Mailing Address			59-2018019	<u> </u>	Applicable	ĉ
21		26			39.50 100 19	\$8.75 A		23
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re		
22		27						ł
City & State		City & State	<b>□</b> ′		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		rees	┨
Zip	Country	Zip			8: This corporation owes the current year Intangible			
24	25	29	30		1 cracinal Froberty Tax.			1
	9. Name and Address of Current	Registered Agent		24	10. Name and Address of New Register	rea Agent		ł
545				81 Name				Ì
BARTALIS, CAROLYN PRE 6160 W. DISNEY LANE DORMA 1810				82 Street Ac	t Address (P.O. Box Number is Not Acceptable)			1
	NELLON FL 32630		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 9. #1 #1 #1 #1 #1 6	1011 5141 125 1311 5180 1891	┨
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was in account	63			'				-
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-named co	orporation submits this statement for the purposation's board of directors. I hereby accept the a	e of changing its	registered sistered	i
13 agent. I a	egistered agent, or both, in the State of marking a state of the state of the marking at the marking at the state of the s	ons of, Section 607 0505, Flo	rida Stat	utes.	dilotto boato of directors. The boy decept and a	,		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature requ	uired when reinstating); DATE	E		ءَ ا
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	] [
TITLE	PD	☐ DELETE	1,1 TI	TLE	SE 2012 SE	☐ Change	Addition	3
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NAME	BARTALIS, CAROLYN							
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CITY-ST-ZIP	DUNNELLON FL (1) (2) (2) (2)		_	ITY-ST-ZIP		Change	Addition	Ì
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-9

353-795-9077 Daytime Phone #

CR2E034 (11/98)