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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K82355

(4)

ALOHA CARPETS & FLOOR COVERING, INC.  Principal Place of Business Mailing Address  11 POINSETTIA DRIVE 11 POINSETTIA DRIVE ORMOND BEACH FL 32178							
					<ol> <li>Date Incorporated or Qualified</li> <li>04/21/1989</li> </ol>	3a. Date of Last F 03/22/1996	leport
2. Principal 21	Place of Business	2a. Mailing Address			4. FEI Number	} <del></del>	oplied For
Suite, Apt. #, etc		Suite, Apt. #, etc.			60 75		ot Applicable
22		27			5. Certificate of Status Desired		equired
City & Sta	946	City & State			6. Election Campaign Financing		May Be
<b>23</b> ]	Country	28	Country	<del></del>	Trust Fund Contribution  8. This corporation has liability for it		to Fees
24	25	<sub>1</sub> '	30		Fiorida Statutes	Yes 🗌 No	. 195,002,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
	ADDOCK, NORMAN		81	Name			
11 POINSETTIA DRIVE ORMOND BEACH FL FL 32176			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	·
			83				
			84	City		FL 85 Zip	Code
agent. I SIGNATURE	an familiar with, and accept the obli-	igations of Section 607,0505, Flo	orida Statute	5.	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	D	DELETE	1,1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	CRADDOCK, NORMAN		1.2 NAME	ľ			
STREET ADDRESS	11 POINTSETTIA DRIVE		1.3 STREET	ADDRESS			
CITY - ST - ZIP	ORMOND BEACH FL	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-5	ST-ZIP			
DILF	D L DELETE		2 1 TITLE			Change	Addition
NAME Careta America (in	CRADDOCK, ALAN 711 PALM AVE.		2.2 NAME	IDDDEGG			
STREET ADDRESS CHY-ST-ZIP	HOLLY HILL FL		2.3 STREET 2. 4 CITY -	i			
THE	TOPET THE TE	DELETE	3 1 TITLE	31-511		Change	Addition
NAMÉ			3.2 NAME			_ •	•
STREET ADDRESS	3		3.3 STREET	ADDRESS			
CITY - ST - ZIP		T was read	3.4. CITY-	ST-ZIP			
TITLE		L DELETE	4 1 TITLE	}		Change	Addition
NAME enough appropries			4. 2 NAME 4.3 STREET				
STREET ADORESS CITY-ST-ZIF	·		4.3 STREET				
TITLE		DELETE	5.1 TITLE		W	Change	Addition
NAME			5.2 NAME	Ì		_	
STREET ADDRESS	5		5.3 STREET	ADDRESS			
CHTY - ST - ZIP			5.4 CITY-5	ST-ZIP		····	
THLE	İ	DELETE	6 1 TITLE	-		☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS	i   		6 3 STREET	ı			
CITY: \$1-749	ehy certify that the information social	ical with this filling does not avalit	6.4 CiTY-5	··-	d in Section 119.07(3)(i), Florida Statute	s I further cortify that	the
informat Lamian	For indicated on this annual report o	<ul> <li>r supplemental annual report is t or the receiver or trustee empow</li> </ul>	rue and accivered to execu-	urate and tha	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made ur	ider oath; tha

SIGNATURE: Alan AN CRADDOCK 904.7560727 0025449

**FILED** 

Jan 29 1997 8:00am

Secretary of State