

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K87220 (5)**

1. Corporation Name  
**TRADITIONAL FLOORCOVERING OF FLORIDA, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>C/O STEVEN E. SPADE<br/>                 4495-D S.W. 35TH STREET<br/>                 ORLANDO FL 32811</b> | Mailing Address<br><b>C/O STEVEN E. SPADE<br/>                 4495-D S.W. 35TH STREET<br/>                 ORLANDO FL 32811-6537</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/03/1989</b>   | 3a. Date of Last Report<br><b>04/16/1996</b>           |
| 4. FEI Number<br><b>59-2945732</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 2. Principal Place of Business<br>21 Suite Apt. # etc<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|--|--|

9. Name and Address of Current Registered Agent

**SPADE, STEVEN E.  
 4495-D S.W. 35TH STREET  
 ORLANDO FL 32811**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |  |
|-----------------|--|
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>RUSSO, THOMAS J.</b>                  |
| STREET ADDRESS  | <b>2807 GLADEVALE WAY</b>                |
| CITY - ST - ZIP | <b>VIENNA VA</b>                         |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>PELANO, GERALD D.</b>                 |
| STREET ADDRESS  | <b>11206 ROBERT CARTER RD.</b>           |
| CITY - ST - ZIP | <b>FAIRFAX STATION VA</b>                |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>SPADE, STEVEN E.</b>                  |
| STREET ADDRESS  | <b>4495-D S.W. 35TH ST.</b>              |
| CITY - ST - ZIP | <b>ORLANDO FL</b>                        |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>SPADE, STEVEN E</b>   |
| 1.3 STREET ADDRESS  | <b>4291 TWILIGHT TR.</b>   |
| 1.4 CITY - ST - ZIP | <b>KISSIMMEE, FL 34746</b>   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 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, checked, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CRE034 (9/96)