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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L38819 (3)

**1. Corporation Name
CONTRACT FLOOR COVERING SYSTEM, INC.**

**Principal Place of Business Mailing Address
4747 NOB HILL RD #13 4747 NOB HILL RD #13
SUNRISE FL 33351 SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1989 3a. Date of Last Report 05/01/1994

**2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

4. FEI Number 65-0168476 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 Country 29 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINKELSTEIN, HARVEY C.
4747 NOB HILL RD #13
SUNRISE FL 33351**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DP
NAME FINKELSTEIN, HARVEY C.
STREET ADDRESS 10821 NW 21ST ST.
CITY - ST - ZIP SUNRISE FL**

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CITY - ST - ZIP**

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**1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP**

**2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP**

**3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP**

**4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP**

**5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP**

**6 1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 corporation is justly and lawfully incorporated and that I am duly authorized and 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 amendment thereto.

SIGNATURE:

HARVEY C. FINKELSTEIN

4/19/95

(305)

572-7881