

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L47899 (4)**

1. Corporation Name

~~CHRISTACORE INC~~
J + B Floorcoverings Inc



Principal Place of Business

1686 CADILLAC CIR S
MELBOURNE FL 32935

Mailing Address

1686 CADILLAC CIR S
MELBOURNE FL 32935

*N/C 4-22-96
SB*

3. Date Incorporated or Qualified: **02/01/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2885 Electronics Dr**

26 **2885 Electronics Dr**

4. FEI Number: **59-2991745**
Applied For: Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

22 **#C4**

27 **C4**

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

City & State

City & State

23 **Melb. FL**

28 **Melb, FL**

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

Zip

Country

Zip

Country

24 **32935**

25 **USA**

29 **32935**

30 **USA**

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

**LEMOYNE, WILLIAM
1686 CADILLAC CIR S
MELBOURNE FL 32935**

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 registrant, agent, and filer if applicable

DATE Registered Agent signature, required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEMOYNE, WILLIAM C.	
STREET ADDRESS	2550 BERNICE CT	
CITY- ST- ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMOYNE, WILLIAM C	
STREET ADDRESS	1686 CADILLAC CR S	
CITY- ST- ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D Sheryl Davis
13 STREET ADDRESS	1686 Cadillac Cir S.
14 CITY- ST- ZIP	Melb FL 32935
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	600001851488
53 STREET ADDRESS	-06/05/96--01023--017
54 CITY- ST- ZIP	***200.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 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.

SIGNATURE: **William C. Moyne** William C. Moyne **4-28-96** 407 254-3995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICE PHONE #

CR2E034 (12/95)