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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M60783 (1)

A & A FLOORING, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address			n jagenager bim deren daten immer immen felt mitte frift diete Albit Mitte felte imme		
3149 JOHN P CURCI DR BLDG 1-A BAY 2 PEMBROKE PINES FL 33009 US		BLDG 1-A BAY 2	3149 JOHN P CURCI DR BLDG 1-A BAY 2 PEMBROKE PINES FL 33009 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
		US						
A Dringing D	lace of Business	Tan Adam Adam			10/14/1987			
	lace of Business	2a. Mailing Addres	65		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite Ant # e	Suite, Apt. #, etc.		65-0196325		Not Applicable	
22	<b>", GC</b>	27	<b>⊢</b>			Desired 🔲	\$8.75 Additional Fee Regulred	
City & State	e	City & State			6. Election Campaign F	Inancina	· · · · · · · · · · · · · · · · · · ·	
23	-	26			Trust Fund Contribut		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owe			
24	25	29	30		Personal Property Ta		Yes No	
	9. Name and Address of Cu	rrent Registered Agent	\ <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		10. Name and Address		Agent	
SA	vfren, harold 📿	MOVED 70)	1	61 Name				
-44	<del>020 MONFERO ST</del>	MOVED TO) 25 N.W., ANTATION,	10 HVE	82 Street Adr	dress (P.O. Box Number is No	at Acceptable)		
66	ORAL CABLES FL-33158 🔑	ANTATION	£ 222	, Street Add	arous (r.o. box reamber is te	к лосоріавів)		
	• • • • • • • • • • • • • • • • • • • •		45666	<b>B3</b>				
				B4 City			1-1 - 2	
				84 City		FL	85 Zip Code	
11. Pursuant office or re	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the of	0502 and 607 1508, Florida tale of Florida, Such change	Statutes, the at	ove-named cor d by the corpora	rporation submits this statement ation's board of directors. I he	ent for the purpose o	f changing its registered pointment as registered	
SIGNATURE								
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered			Agent signature requ	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGE	3 TO OFFICERS AND		
TITLE	PD CAEDENI CTEDIAANIE	☐ DELE					Change Addition	
NAME	SAFREN, STEPHANIE 3149 JOHN P CURCI DR	DIDO 4 A DAV A	1.2 NA					
STREET ADDRESS	PEMBROKE PINES FL	DUUG 1-A DAT 2		REET ADDRESS				
CFTY-ST-ZIP	VSTD	☐ DELE		TY-ST-ZIP			I Tobara I Taddian	
TITLE		L. DELE		· ·			Change Addition	
NAME	SAFREN, HAROLD 3149 JOHN P CURCI DR	BIDO 4 4 DAV A	2.2 NA	I .				
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TITLE		Ĺ DETE	• • • • • • • • • • • • • • • • • • • •				☐ Change ☐ Addition	
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		T		TY-ST-ZIP	<del></del>			
TITLE		☐ DELE	TE 6.1 TIT	re			Change Addition	
NAME			6.2 NA	ME [				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
CITY-ST-ZIP			6.4 CF	TY-ST-ZIP				

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 any factoment with an indices.

SIGNATURE: