

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N46630** (2)
1. Corporation Name
SOUTHWEST FLORIDA FLOORCOVERING ASSOCIATION, INC



Principal Place of Business 983 TAMAMI TR. PORT CHARLOTTE FL 33953	Mailing Address 983 TAMAMI TR. PORT CHARLOTTE FL 33953-3850
--	---

3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 07/08/1996
4. FET Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DITTENBER, KEVIN
23136 DONALDA AVE.
PORT CHARLOTTE FL 33954**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kevin Dittenber* (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, HELEN	1.2 NAME	SMITH DALE
STREET ADDRESS	871 CASSENN RD	1.3 STREET ADDRESS	2950 S. McALL RD.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 33124
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTENBER, KEVIN	2.2 NAME	
STREET ADDRESS	2316 DONALDA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33954	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADINGER, TOM	3.2 NAME	
STREET ADDRESS	514 PARKWOOD LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DALE	4.2 NAME	TOM KELLY JR.
STREET ADDRESS	192 FAIRWAY RD.	4.3 STREET ADDRESS	932 5th AVENUE NORTH
CITY-ST-ZIP	ROTONDA FL 33947	4.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on in statement with an address.

SIGNATURE *Kevin Dittenber*

CR2E037 (9/96)