

FILED
Apr 07, 2001 8:00 am
Secretary of State

03-21-2001 90036 027 ***150.00

DOCUMENT # P00000018424		Apr 07, 2001 8:00	
1. Entity Name ALL AMERICAN ATHLETIC FLOORS, INC.		Secretary of State	
		03-21-2001 90036 027 ***150.00	
Principal Place of Business 2801 SW COLLEGE RD., STE. 1 OCALA FL 34474		Mailing Address 2801 SW COLLEGE RD., STE. 1 OCALA FL 34474	
2. Principal Place of Business 8991 S.W. 19 Ave. Rd		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocala, FL		City & State	
Zip 34476		Country	
4. FEI Number 59-3630898		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANEW, THOMAS C JR. 2801 SW COLLEGE RD., STE. 1 OCALA FL 34474		7. Name and Address of New Registered Agent 3711 N.E. 42 OCALA, FL 34479	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE <i>Marilyn A Reid</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D RANEW, THOMAS C JR. 2801 SW COLLEGE RD., STE. 1 OCALA FL 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP President MARILYN Reid 8991 S.W. 19 Ave Rd. Ocala, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP See/Tx Andrew Reid 8991 S.W. 19 Ave. Rd. Ocala, FL 34476	
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marilyn A Reid</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/1/01 3522372987 <small>Date Daytime Phone #</small>	