PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90162 003 ***150.00

COUNTRY FLOORS, INC. Principal Place of Business Maling Address 15 EST 16TH STREET 16 EST 16TH STREET 17 EST 16TH STREET 18 EST 16TH STREET 18 EST 16TH STREET 19 EST 16TH STREET	DOCUN 1. Corporation	MENT # P2995	1					
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28	22		27		3. Certificate of Clarks Desired	Fee Red	quired	
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9, Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S, PINE ISLAND ROAD PLANTATION FL 33324 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 agent. I am familiar with, and accept the obligations of, Section 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-name decorporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-name decorporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0502, Florida Statutes, the above-name decorporation submits this statement for the purpose of changing its registered deficiency of the purpose of changing its registered deficiency of directors. I hereby accept the purpose of changing its registered agent. I am familiar with an adversarial purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar	23							rees
9, Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Oily 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 agent. I am mailler with, and eacept the obligations of Section 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am mailler with, and eacept the obligations of Section 607 0505. Florida Statutes. SIGNATURE Signature Topics of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am mailler with, and eacept the obligations of Section 67 0505. Florida Statutes. SIGNATURE Signature Topics Statutes of Topics S	_ `			´		· ·		□no I
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14. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR