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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300002490

1. Corporation Name

DATA FLOORING, INC.

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90031 015 ***150.00



									
Principal Place	e of Business	Mailing Add	ress				ili ka isi ak ii aa	 	(Bille Balle 100)
1680 NW 13 AV	/E	1680 NW 13	AVE						
HOMESTEAD F		HOMESTEAD	FL 33030			DO NOT WITH	te in This s	DACE	
						DO NOT WRI	IE IN THIS S	PACE	
						3. Date Incorporated or Qualifed 01/11/1993			
2 Daineinet D	Use of Projects	2a. Mailing A	Addrose			4. FEI Number		An	plied For
'	lace of Business	— ·	4001622			65-0389804		· -	t Applicable
21 Suite Ant	# etc	26 Suite Ar	nt # etc					\$8.75	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			-5. Certifcate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added t	
Zip Country		Zip				8. This corporation owes the curr			_
24	25	29	[;	30		Personal Property Tax.		□ Yes	□No
	9. Name and Address of Curre	ent Registered Age	ent			10. Name and Address of New F	Registered A	gent	
DIED	OCE TONI M			81	Name				
	ICE, TONI M			82	Street Ad	dress (P.O. Box Number is Not Accepta	able)		
1680 NW 13 AVE HOMESTEAD FL 33030									
HOW	HESTEAD I'L 33030			83	·				
				84	City			85 Zip (Code
						and the submitted this atatament for the	FL.	hanging its	ragistared
office or r	registered agent, or both, in the Stat	e of Florida. Such c	change was au	s, the abov	e-named co	rporation submits this statement for the tion's board of directors. I hereby accept	ot the appoint	ment as re	gistered
									í
agent. 1 a	m familiar with, and accept the oblig	jations of, Section 6	607.0505, Flori	da Statutes	3.				
agent. 1 a			607.0505, Flori	da Statutes	3,	ind the relation	DATE.	•	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	607.0505, Flori	da Statutes Registered Age	3,	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	607.0505, Flori	da Statutes	3,	ired when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	DRS IN 12
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14. Thereby 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:

URE REQUIRED