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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004194 (5)

1. Corporation Name

NEW DESIGN FLOORS, INC.

Principal Place of Business

Mailing Address

3680 MILWAUKEE AVE
MELBOURNE FL 32904

3680 MILWAUKEE AVE
MELBOURNE FL 32904-6303



3. Date Incorporated or Qualified

01/03/1993

3a. Date of Last Report

11/19/1996

2. Principal Place of Business

2a. Mailing Address

21 772 washburn Rd

26 772 washburn Rd.

4. FEI Number

59-0164007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Melbourne

28 Melbourne

24 Zip 32904

Country

25 Brevard

29 Zip 32904

Country

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEW, CHARLES W
3680 MILWAUKEE AVE
MELBOURNE FL 32904

81 Name

Charles New

82 Street Address (P.O. Box Number is Not Acceptable)

772 washburn Rd.

83

84 City

Melbourne

FL

85 Zip Code

32904

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 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 607.0505, Florida Statutes.

SIGNATURE

Charles New

4-11-97

Signatures, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME NEW, CHARLES
STREET ADDRESS 3680 MILWAUKEE AVE
CITY-ST-ZIP MELBOURNE FL 32904

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
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3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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STREET ADDRESS
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles New

REQUIRED

4-11-97

407-723-4891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100000

CR2E034 (9/96)