## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000036604 (5)

WHOLESALE FLOORING DISTRIBUTORS, INC.

Principal Place of Business Mailing Address				) 1001100E 110 10100 11114 (CBE11 D3)	III BUMI UUIKU HIIK MIHU UHII UUNI UUNI UUG AKU
2201 SHERIDAN ST HOLLYWOOD FL 33020-2040		2201 SHERIDAN ST HOLLYWOOD FL 330	)20-20 <b>4</b> 0		
				3. Date Incorporated or Qualified 05/20/1993	3a. Date of Last Report 06/09/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite. Apt. #, etc.		[26]		65-0412302	Not Applicable
22	eic.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for in	Added to Fees
24	25	29	30		□ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
CIAVATTO, DOMINIC L			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
2201 SHERIDAN ST					
HOLLYV	VOOD FL 33020-2040		83		
			B4 Orty		85 Zip Code
11 Directors to	the provisions of Postove CC7 050	0 and 007 4500 Florida District			
or registered	d agent, or both, in the State of Flor	ida. Such change was authorize	ed by the corporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office I pintment as registered agent. I am
familiar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	,		J C
SIGNATURE	griature, typed or printed name of registeren ager	disself the manufacture (NO)	OF Registered Agent's gnature require	a lucion se másico	DATE
12.		IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETE	1 1 THILE		Change Addition
NAME	CIAVATTO, DOMINIC L		1.2 NAME		
STREET ADDRESS	2201 SHERIDAN ST		1.3 STREET ADDRESS		
CITY - S1 - ZIP	HOLLYWOOD FL 33020-20	140	1.4 CITY - \$1 - 7IP		
TITLE		DEFETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - 7IP		
THILE		DELETE	3 1 111LE		Change Addition
NAME OZOSET NODOSOO			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CHY-ST-ZIP 4.1 THE		Change Addition
NAME		preed	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
CITY-ST-ZIF			4.4 CHY-ST-ZIP		
TITLE	The state of the s	☐ DELFTE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 7IP		
TITLE		DELF16	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		
CITY-ST-ZIP	codify that the information available	with the flipp is volunted of	64 CITY-ST-7IP	for the exemption stated in Section 119.	07/0/43 [(adda 04-14 ) ]
certify that 1 oath; that I a	certing that the information supplied he information indicated on this ann am an officer or director of the corp Block 12 or Block / 3 if changed, or	iual report or supplemental anni oration or the receiver or trustes	ual report is true and accura e empowered to execute th	for the exemption stated in Section 119.1 atte and that my signature shall have that is report as required by Chapter 607, Flo	or (a)(N), Fronce statutes. I further same legal effect as if made under orida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/09/96 954-