## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000048157 (0)** 

WORLD OF FLOORS, INC.

Mailing Address Principal Place of Business 2021 S.W. 38TH AVENUE 2021 S.W. 38TH AVENUE FT. LAUDERDALE FL 33312-7020 FT. LAUDERDALE FL 33312 3a. Date of Last Report 04/16/1996 3. Date Incorporated or Qualified 07/01/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0427948 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032 🗶 Yes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FLOWERS, ROBERT B 2021 S.W. 38TH AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 83 84 City 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 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 Signature typics or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE FLOWERS, ROBERT B 1.2 NAME NAME 2021 S.W. 38TH AVENUE 1.3 STREET ADDRESS STREET ACHORESS FT. LAUDERDALE FL 33312 1.4 CiTY+ST-ZIP 011Y - 51 - 7/P DELETE 2.1 TITLE Change Addition | TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Diffy - ST - 7/P Addition DELETE Change 4.1 TITLE 4. 2 NAME N/ME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-S1-ZIP DELETE Change Addition 111LF 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS Dilly ST-ZIP 6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block /3 if ch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

receiver or trustee empowers an attachment with an additional control of the cont

14. I do hereby certify that the information supplied with this filling 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 eath; 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

**FILED** 

May 08 1997 8:00am

Secretary of State

0271208