FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048254 (5)

1. Corporation Name
COMFLOOR, INC.

Principal Place of Business	Mailing Address
~~3310 E. COLONIAL DRIVE~~ ~~ORLANDO FL 32807~~	~~3310 E. COLONIAL DRIVE~~ ~~ORLANDO FL 32807~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1993
3a. Date of Last Report: 11/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1722 North Mills Ave.	26 P. O. Box 25
Suite, Apt. #, etc. 22 - - - - -	Suite, Apt. #, etc. 27 - - - - -
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip / Country 24 32803 / 25 Orange	Zip / Country 29 32802 / 30 Orange

4. FEI Number: 59-3189285 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROWLAND, WILLIAM M III ~~3310 E. COLONIAL DRIVE~~ ~~ORLANDO FL 32807~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1722 North Mills Avenue 83 84 City: Orlando, FL 85 Zip Code: 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	ROWLAND, WILLIAM M III	12 NAME		
STREET ADDRESS	~~3310 E. COLONIAL DRIVE~~	13 STREET ADDRESS	1722 North Mills Avenue	
CITY-ST-ZIP	~~ORLANDO FL 32807~~	14 CITY-ST-ZIP	Orlando, Florida 32803	
TITLE	VPD	21 TITLE	☒ Change	☐ Addition
NAME	SOKMENSUER, C. YANKI	22 NAME		
STREET ADDRESS	~~3310 E. COLONIAL DRIVE~~	23 STREET ADDRESS	1722 North Mills Avenue	
CITY-ST-ZIP	~~ORLANDO FL 32807~~	24 CITY-ST-ZIP	Orlando, Florida 32803	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/20/95 A.C. 407 895-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William M. Rowland, III

0007019 CP