FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000055128 (1)**

1. Corporation Name

BROWARD FLOORING, INC.

Principal Place of Business	Mailing Address
3811 SW 47TH AVENUE SUITE 627 FT LAUDERDALE FL 33314 US	3811 SW 47TH AVENUE SUITE 627 FT LAUDERDALE FL 33314 US

3. Date Incorporated or Qualified: **08/03/1993**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 2273 ALBA WAY	26 P.O. BOX 5044
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DEERFIELD BCH, FL	28 City & State: DEERFIELD BCH., FL
24 Zip: 33442 25 Country: USA	29 Zip: 33442 30 Country: USA

4. FEI Number: **65-0425617** ☐ 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

EVANS, KENNETH A
2273 ALBA WAY
~~APT 623~~ →
DEERFIELD BCH FL 33442

10. Name and Address of New Registered Agent

81 Name

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

83 NO APT. #

84 City **FL** 85 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 _____ 2/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EVANS, KENNETH A		1.2 NAME		
STREET ADDRESS	939 SIESTA KEY BLVD., #623		1.3 STREET ADDRESS	2273 ALBA WAY	
CITY-ST-ZIP	DEERFIELD BCH. FL		1.4 CITY-ST-ZIP	33442	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	EVANS, JOELLE R		2.2 NAME		
STREET ADDRESS	939 SIESTA KEY BLVD., #623		2.3 STREET ADDRESS	2273 ALBA WAY	
CITY-ST-ZIP	DEERFIELD BCH. FL		2.4 CITY-ST-ZIP	33442	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERMANS, RICHARD F		3.2 NAME		
STREET ADDRESS	107 CAMERON COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERMANS, LISA S		4.2 NAME		
STREET ADDRESS	107 CAMERON COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 2/2/96 (954) 427-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #