FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 04 1998 8:00am PRÓFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000055128 (1) DOCUMENT # 1, Corporation Name BROWARD FLOORING, INC. Principal Place of Business Mailing Address 2273 ALBA WAY PO BOX 5044 DEERFIELD 8CH FL 33442 DEERFIELD BCH FL 33442 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/03/1993 2. Principal Place of Busine 2a. Mailing Address 4. FEI Numbe Applied For 17768 65-0425617 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 ity & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EVANS, KENNETH A 2273 ALBA WAY 82 Street A **DEERFIELD BCH FL 33442** 83 11. Pursuant to the provisions of Sections 607.050? 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. KEHED) P. DIAKS **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE PD 1.2 NAME NAME EVANS, KENNETH A 7768 MAPLEWOOD STREET ADDRESS 2273 ALBA WAY 1.3 STREET ADDRESS DEERFIELD BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE EVANS, JOELLE R NAME 2.2 NAME 2273 ALBA WAY 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH. FL 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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5.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

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DELETE

DELETE

14. Thereby 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 trusfee 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 or an attackment with an address.

SIGNATURE:

22

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12.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

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KENEDI ALEVAS

Change

Change

☐ Addition

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