

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUN 16 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002986 (5)

1. Corporation Name

FLORIDA FLOOR DESIGN, INC.

Principal Place of Business

250 BUSINESS PARKWAY
ROYAL PALM BEACH FL

Mailing Address

303 LASPALMAS ST.
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

PEART, HECTOR
250 BUSINESS PARKWAY
ROYAL PALM BEACH FL

81 Name

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

83

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

Signature (typed or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)

TITLE

D

NAME

PEART, HECTOR

STREET ADDRESS

303 LASPALMAS ST.

CITY - ST - ZIP

ROYAL PALM BEACH FL 33411

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

PEART, ROSEMARIE

STREET ADDRESS

303 LASPALMAS ST.

CITY - ST - ZIP

ROYAL PALM BEACH FL 33411

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

100001517151

-06/20/95--01038--015

2250.01 *225.00

225.00

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEART

ROSEMARIE PEART

6/6/95

(407) 795-4325

(Type in Block 8)

CR2034 (3/95)

0004502