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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90003 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011950

1. Corporation Name
ALL HOURS FLOORING SERVICE, INC



Principal Place of Business 10382 NW 55TH ST SUNRISE FL 33351 US	Mailing Address 10372 NW 55TH ST SUNRISE FL 33351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5369 N Hiatus Rd.		2a. Mailing Address 26 5369 N Hiatus Rd.		3. Date Incorporated or Qualified 02/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0469348	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Sunrise, Fla.		28 City & State Sunrise, Fla.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33351		29 Zip 33351		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country Broward		30 Country Broward		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

DEMARZO, CHARITY
10372 NW 55TH ST
SUNRISE FL 33351

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5369 N. Hiatus Rd.

83

84 City **Sunrise** FL 85 Zip Code **33351**

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 D	DEMARZO, STEVE 10372 NW 55TH ST SUNRISE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V.P. DEMARZO Steven 5369 N HIATUS Rd SUNRISE FL 33351
TITLE SVP	DEMAREZO, CHARITY 10372 NW 55TH ST SUNRISE FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President DEMARZO, CHARITY 5369 N HIATUS Rd SUNRISE FL 33351
TITLE		3.1 TITLE	
TITLE		4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **DEMARZO, CHARITY** **REQUIRE** **Demarzo** **19547749-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/26/99** Daytime Phone #

CR2E034-11/98