FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90096 005 ***150.00

DOCUMENT # P94000023673

HALL'S FLOORING, INC.

		-	
Principal	Place	of	Business

ROAS NAV 14 DI

Mailing Address

6241 NW 14 PL

SUNRISE FL 33313	SUNRISE FL 33313		DO NOT WRITE IN THIS SPACE			
		ميشتنشب	3. Date incorporated or Quali	fed	_	
	F		03/23/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number			Applied For
27 15883 E. Temple Blvd	26 15883 E Ten	nole BLVd	65-0479614			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	T	5. Certificate of Status Desire	,		5 Additional Required
22	Gity & State	t 5: = : = = = = - :		- 5 		-
City & State Loxahatchee FLA	28 Loxabatchee	FLA	Election Campaign Financi Trust Fund Contribution	ng 🗆	•	00 May Be led to Fees
Zip 33470 Country 25	29 33470 30 Cou	intry	This corporation owes the Personal Property Tax.	current year Ir	ntangible Yes	□No
9. Name and Address of Current	Registered Agent		10. Name and Address of Ne	w Registered	l Agent	-
HALL, KENNETH 6241 NW 14 PL		81 Name HA 82 Street Addres	LL KENNE ss (P.O. Box Number is Not Acc	TH eptable)		

SUNRISE FL 33313

83 15883 & Temple BLVD
84 City Loxa hatchee. FL 85 3334970

			- 10(1)-1			$-\!\!-\!\!\!-$
11.	Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo	re-named c	corporation submit	ts this statement for	or the purpose of changing its reg	jistered
	office or registered agent, or both, in the State of Florida, Such change was authorized to	/ the corpor	ration's board of c	directors. I hereby	accept the appointment as regist	erea
	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statut	S.	•		11166	
SIG	GNATURE Climith Hall Kenney	4 HH	14		4-1-77	
	MATURE 100 100 100 100 100 100 100 100 100 10				DATE	

	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature i	equired when reinstating)
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	D Change Addition
NAME -	HALL, KENNETH	1.2 NAME	HALL KENNETH BLUD 15883 E Temple BLUD
STREET ADDRESS	6241 NW 14 PL	1.3 STREET ADDRESS	15883 & Temple BLVd
CITY+ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	Loxapatchee FLH 33910
TITLE	S DELETE	2.1 TITLE	S - 11A Addition
NAME	DENISE, HALL	2.2 NAME	Denise HALL 15883 E. Temple BLID
STREET ADDRESS		2.3 STREET ADDRESS	15883 E Temple BLO

LOXAMATCHEE TIA 334 10 SUNRISE FL CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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.

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition