PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028165

1. Corporation Name PRO FLOORING INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90110 009 ***150.00



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Principal Place	of Business	М	ailing Address							1881	
6231 S.W. 16TH ST. 6231 S.W. 16TH ST.											
POMPANO BEACH FL 33068 POMPANO BEACH FL 33068							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 04/13/1994				
2 Principal Pl	ace of Business	2a	Mailing Address				4. FEI Number		Apr	olied For	
21	,	26					65-0481278		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22							5. Certifcate of Status Desired	7	\$8.75 Additional Fee Required		
City & State - City & State					·		6. Election Campaign Financing	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
23		28	7in	Cau	ntne	.	Trust Fund Contribution				
· Zip	, ·			Country 30			This corporation owes the curre Personal Property Tax.	ent year intangible Ye:	s 1	No l	
24	25 g. Name and Address of Current	29	etorod Agost	30	Ι	-	10 Name and Address of New R				
	a. Mame and Address of Curren	. r.agi	arolon Whalir		81	Name	10.				
LEF.	DAVID										
6231 SW 16TH STREET					82 Street Address (P.O. Box Number is Not Acceptable)					ŀ	
POMPANO BEACH FL 33068					83						
, JM					55	}				l	
					84	City		FL 85	Zip C		
11. Pursuant	to the provisions of Sections 607.0502	and (607.1508, Florida Statut	es, the a	bove	e-named corpo	oration submits this statement for the	purpose of changi	ng its	registered	
l office or 6	egistered agent, or both, in the State of familiar with, and accept the obligation	of Flor	ida. Such change was a	utnorized	ı Dy	the corporatio	n's board of directors. I nereby accep	it the appointment	asieg	Jistereu	
75.5	1164-1 1. 8	_هـ	DAVID			EE.	(Resident	3/31/99	7		
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable (NOTE		Agen	nt signature required		DATE			
12	OFFICERS AN	D DIR	ECTORS	13.			ADDITIONS/CHANGES TO OF			RS IN 12	
TITLE	PD		☐ DELETE	1.1 T	TLE	'		CH	ange	☐ Addition	
NAME	LEE, DAVID			1.2 N	ME.						
STREET ADDRESS	6231 S.W. 16TH ST.			1.3 \$7	REET	TADORESS				Ļ	
CITY-ST-ZIP	POMPANO BEACH FL 33068			1.4 CI	TY-S	T- ZIP					
TITLE	VD		☐ DELETE	2.1 TI	TLE			☐ Ch	ange	☐ Addition	
NAME	BANKS, RICHARD			2.2 N	AME						
STREET ADDRESS	4590 N.W. 41ST PL.			2.3 \$	TREET	T ADDRESS				İ	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	1		2.40	πy-s	ST-ZIP					
TILE			DELETE	- 3.1 π					ange	[Addition	
NAME				3.2 N	AME						
STREET ADDRESS				3.3 \$	IREET	T ADDRESS				ļ	
CITY-ST-ZIP						ST-ZIP					
TITLE			☐ DELETE	4,1 11				☐ Ch	ange	☐ Addition	
NAME				4.2 N	AME	Į				}	
STREET ADDRESS	<u> </u>			4.3 5	TREET	TADDRESS				}	
CITY-ST-ZIP				4.4 C		- 1					
TITLE			DELETE	5.1 TI				□ cr	iange	Addition	
NAME	*			5.2 N				•		ļ	
STREET ADDRESS						T ADDRESS				ł	
}				•		T-21P					
CITY-ST-ZIP TITLE			☐ DELETE	6.1 17				Cr	nange	☐ Addition	
ì			<u> </u>	6.2 N						j	
NAME OTTOET LODDESS				1		TADORESS					
STREET ADDRESS					mv e	1				ĺ	

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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 (954) 972-8413

CR2E034 (11/9