

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000029294 (3)**

1. Corporation Name  
**PIONEER HARDWOOD FLOORING INC.**



Principal Place of Business <b>2531 FRISCO DRIVE CLEARWATER FL 34621-3821</b>	Mailing Address <b>2531 FRISCO DRIVE CLEARWATER FL 34621-3821</b>
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3. Date Incorporated or Qualified <b>04/15/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 1807 MAIN STREET</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1807 MAIN STREET</b> Suite, Apt. #, etc.
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4. FEI Number <b>59-3240171</b>	Applied For <input type="checkbox"/> Not Applicable
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22 City & State <b>23 DUNEDIN, FLORIDA</b>	27 City & State <b>28 DUNEDIN, FLORIDA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 City & State <b>24 34698</b>	27 City & State <b>28 DUNEDIN, FLORIDA</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 34698	25 PINELLAS	29 34698	30 PINELLAS
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>KRITCH, JOSEPH 26340 US HWY 19 SUITE 101 CLEARWATER FL 34621</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>MALKASIAN, ERICK</b>
STREET ADDRESS	<b>2531 FRISCO DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34621-3821</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MALIKASIAN, MALCOLM</b>
STREET ADDRESS	<b>2531 FRISCO DRIVE</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>FINK, GARY</b>
STREET ADDRESS	<b>1836 ARABIAN LANE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Treasurer</b>
2.3 STREET ADDRESS	<b>Jason D. Briggs</b>
2.4 CITY-ST-ZIP	<b>2228 Richter St.</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Palm Harbor, FL, 34683</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-97 725-8198**

CR2E034 (9/96)