

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000031275 (8)

1. Corporation Name

INTERNATIONAL FLOOR COVERING REPRESENTATIVES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

940 SE 22ND AVE.
POMPANO BEACH FL 33062
12330 WOODROSE CT
SUITE FOUR
FORT MYERS, FL 33907

940 SE 22ND AVE.
POMPANO BEACH FL 33062
12330 WOODROSE COURT
SUITE FOUR
FORT MYERS, FL 33907 USA

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12330 WOODROSE COURT

22 City & State

27 SUITE FOUR
28 FORT MYERS, FL 33907 USA

23 Zip Country

29 Zip Country
30 USA

4. FEI Number

65-0495144

Applied For

Not Applicable

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

GILLOGLY, LLOYD D 12330 WOODROSE COURT
SUITE FOUR
FORT MYERS, FL 33907 USA

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 title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME GILLOGLY, LLOYD D 12330 WOODROSE COURT
SUITE FOUR
STREET ADDRESS 940 SE 22ND AVE.
CITY-ST-ZIP POMPANO BEACH FL 33062
FORT MYERS, FL 33907 USA

TITLE ☐ DELETE
NAME P
NAME MICHAEL HENRY
STREET ADDRESS 12220 SW 129 TH CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ DELETE
NAME S
NAME VICKI HENRY
STREET ADDRESS 12220 SW 129 TH CT
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Catamun 4-29-96

941-277-7060

4-29-96

Telephone Number

CR2E034 (12/95)