

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045072 (3)**

1. Corporation Name

SHA-ZEL FLOOR COVERING, INC.

Principal Place of Business

**508 S CAROLINA DR
STUART FL 34994**

Mailing Address

**508 S CAROLINA DR
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 11940 US Hwy 1

2a. Mailing Address

26 508 S. Carolina Dr.

4. FEI Number

65-0500 797

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. 193.032,
Florida Statutes

☐ Yes

☒ No

Suite, Apt. #, etc. **111**

Suite, Apt. #, etc.

City & State

23 N. Palm Beach FL

City & State

27 STUART FL

Zip **24 33408**

County **25 Palm Beach**

Zip **29 34994**

County **30 Martin**

9. Name and Address of Current Registered Agent

**MOFAZELLI, STEVEN
508 S CAROLINA DR
STUART FL 34994**

10. Name and Address of New Registered Agent

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 of person or last name of registered agent and title of agent)

(If "I" Registered Agent signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOFAZELLI, STEVEN
STREET ADDRESS	508 S CAROLINA DR
CITY, ST, ZIP	STUART FL 34994
TITLE	D
NAME	MOFAZELLI, DIANE
STREET ADDRESS	508 S CAROLINA DR
CITY, ST, ZIP	STUART FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(b), 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: *Steven Mofazelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-626-5300