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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000052832

ROYAL FLOORS, INC.

Principal Place	of Business	Mailing Address					A 100 (150) (150 (150) and (150) and (150) and (150)	
621 N MISSOUF	RI AVE	621 NO. MISSOURI AVE						
SUITE B		SUITE B						
LARGO FL 3377	LARGO FL 33770	GO FL 33770				DO NOT WRITE IN THIS SPACE		
US		US	_				3. Date Incorporated or Qualifed 07/18/1994	
2. Principal Pl	ace of Business	2a. Mailing Address						plied For
21		26					1 00 020000	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					E Cortifecte of Status Desired	Additional
22		27					F88 KI	equired
City & State	Э	City & State					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May Be
23		28						to Fees
Zíp	Country	Zip		intry			8. This corporation owes the current year Intangible Personal Property Tax.	□No
24	25	[29]	30	r—			, ordering the	□N0
	9. Name and Address of Curre	ent Registered Agent		81	Nome		10. Name and Address of New Registered Agent	
GEE	ON DANOV			0'	Name			
Geffon, randy 621 no Missouri Ave				82	Street	Addre	ress (P.O. Box Number is Not Acceptable)	
	60 FL 33770			L_				
LARC	30 FE 33770			83			•	
				84	City		FL 85 Zip	Code
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change v	vas authonzed	1 by	tne com	corporation	poration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered	Agen	nt signature	required	od when reinstating} DATE	
12.	OFFICERS A	AND DIRECTORS	13.			_	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	☐ DELET	TE 1.1 TI	TLE		P	Mathematical Change	Addition
NAME	GEFFON, RANDY		1.2 N	AME			8 DOLPHIN DRIVE	
STREET ADDRESS	7791 COUNTRY CLUB ROAD	NO.	1.3 \$	TREET	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 C	TY-S	T-ZIP	TR	REASURE ISLAND, FL 33706	
TITLE		☐ DELE1	TE 2.1 TI	TLE		Γ	. Change	Addition
NAME			2.2 N	AME.				
STREET ADDRESS			2.3 S	TREE	ADDRESS	;	نور بسه ره . د رسد در د	
CITY-ST-ZIP			2.40	ITY-S	ST-ZIP			
TITLE		☐ DELET	TE 3.1 ΤΙ	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	T ADDRESS	;		
CITY-ST-ZIP			3.4. (:πy-s	ST-ZIP			
TITLE		☐ DELE	ΓE 4.1 TI	TLE			☐ Change	☐ Addition
NAME :			4. 2 N	IAME				
STREET ADDRESS			43S	TREE	T ADDRESS	;		
CITY-ST-ZIP			440	ITY-S	T-ZIP			
TITLE		☐ DELET	ΓE 5.1 TI	TLE			. Change	☐ Addition
NAME			5.2 N	AME			•	
STREET ADDRESS			5.3 S	TREE	TADDRESS	;	·	
CITY-ST-ZIP			5.4 C	ΠY-S	T-ZIP			
TITLE	,	☐ DELE	FE 6.1 TI	TLE			☐ Change	Addition
NAME			6.2 N	AME				
STREET ANDRESS			6.3 S	TREE	T ADORESS	3		

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accordificer or director of the corporation or the receiver of trustee employeed to be Block 12 or Block 13 if changed, or on an attachment with an address, with all.

tyted in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an t as required by Chapter 607, Florida Statutes; and that my name appears in