

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0027598

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066765

1. Corporation Name

M.C.S. FLOORING, INC.

FILED

99 SEP 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4611 NE 14 TERRACE
POMPANO BEACH FL 33064

Mailing Address
4611 NE 14 TERRACE
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

65-0497970

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 owes the current year
Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHRISTENA, MARK E JR
4611 NE 14 TERRACE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

7800034006137-- 1
-10/05/99--01088--005

****550.00 ****550.00

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-
ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-
ZIP
TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-STATE-
ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-
ZIP

PS
CHRISTENA, MARK E JR
4611 NE 14 TERRACE
POMPANO BEACH FL 33064
CEO
CHRISTENA, CHERIELYN
4611 NE 14TH TERRACE
POMPANO BEACH FL

☐ DELETE

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13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-
ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-
ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-
ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-
ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-
ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-
ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-31-99 954-946-2/21
Date Daytime Phone #

CR2E034 (5/99)