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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070006 (9)

RANDY R. FISCHER FLOORCOVERING, INC.

FILED May 02 1997 8:00am Secretary of State



Principal Place 1133 HEMPLE / GOTHA FL		Mailing Address P.O. BOX 193 GOTHA FL 34734-0193 US	P.O. BOX 183 GOTHA FL 34734-0183 US			- I DADAHADA ING KUMU DINGKI BONA BUNA DUNA DUNA DINA DINA BUNA BUNA BUNA DINA DINA DINA DINA DINA DINA DINA DI				
						3. Date Incorporated or Qualified 09/20/1994	3a. Date of Last Report 05/01/1996			
	ace of Business	26. Mailing Address 26. P.O. Box 195 Boths F1 \$4734 Suite, Apl. W. etc. 27			4. FEI Number 59-3283912	Applied For Not Applicable				
Suite, Apt.	nole Ave Bothu Fl #, etc				5. Certificate of Status Desired See Required Fee Required					
City & State	3	City & State	City & State			Election Campaign Financing Trust Fund Contribution				
Zip	Country 25	Zip 29	Country 30		, , , , , , , , , , , , , , , , , , , 	8. This corporation has liability for i	ntangible t	ax under		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent		
FISC	HER, RANDY R		8	1 N	ame					
	B HEMPLE AVE HA FL		82 Street		reet Addi	ress (P.O. Box Number is Not Acceptab	le)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
401			8	3		٠٠ په در مهم په ۱۰۰ په ده ده په				
			8	4 C	ity		FL	85 Zi	o Code	
SIGNATURE	Signative, typed or poilted name of registred OFFICERS A	agord and tille if applicable (NO AND DIRECTORS	13.		onature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO		
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STATE LANGUESS			5.4 CITY			,				
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TREET ADORESS			6.3 STRI		RESS					
CITY - S1 - ZIP			6,4 CITY	-51-21	P]					

Too hereby certly 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

SIGNATURE