

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 22 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000004097 (8)

1. Corporation Name
TOM COLLINS FLOORCOVERINGS INCORPORATED

Principal Place of Business

534 BURLEIGH AVE.
HOLLY HILL FL 32117

Mailing Address

11221 NORTHEAST 9 AVENUE
BISCAYNE PARK FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1995

4. FEI Number

65-0549900

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A. d/b/a AmeriLawyer
82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

By:

Natalia Utrera, Vice-President

Signature of the individual or officer of the corporation who is authorized to sign this statement. Agent signature required when reinstating.

DATE

4/21/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P CORN, STEPHANIE W
11221 NORTHEAST 9 AVENUE
BISCAYNE PARK FL 33161

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V COLLINS, TOM M
11221 NORTHEAST 9 AVENUE
BISCAYNE PARK FL 33161

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

CR2E034 (10/97)