

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000032963 (7)**

1. Corporation Name

**FLORIDA FLOORING OF BREVARD, INC.**



Principal Place of Business

Mailing Address

**2715 NO. HARBOR CITY BLVD. UNIT 4  
MELBOURNE FL 32935**

**2715 NO. HARBOR CITY BLVD. UNIT 4  
MELBOURNE FL 32935**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**GOULD, DANIEL  
2715 NO. HARBOR CITY BLVD. UNIT 4  
MELBOURNE FL 32935**

3. Date Incorporated or Qualified

**04/24/1995**

3a. Date of Last Report

4. FEI Number

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. 199.032, Florida Statutes  Yes  No

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 607.0405, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director (delete)

(Print) Registered Agent signature (delete) and date (delete)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	<del>PILQTO, ARMANDO</del>	<del>5600 SW 59TH COURT</del>	<del>MIAMI FL 33143</del>	<input checked="" type="checkbox"/>
	GOULD, DANIEL	636 DUNBARTON CIRCLE	PALM BAY FL 32905	<input type="checkbox"/>
	<del>TERSECK, MARK</del>	<del>811 KNEIGHT ROAD</del>	<del>PALM BAY FL 32905</del>	<input checked="" type="checkbox"/>
	<del>KNICK, BARBRA</del>	<del>3500 PINGSH DRIVE</del>	<del>MELBOURNE FL 32935</del>	<input checked="" type="checkbox"/>
	<del>DENG, SHERRY J</del>	<del>1975 BOTTLE BRUSH DRIVE</del>	<del>MELBOURNE FL 32935</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	2.1	3.1	4.1	<input type="checkbox"/>
1.2	2.2	3.2	4.2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3	2.3	3.3	4.3	<input type="checkbox"/>
1.4	2.4	3.4	4.4	<input type="checkbox"/>
1.5	2.5	3.5	4.5	<input type="checkbox"/>
1.6	2.6	3.6	4.6	<input type="checkbox"/>
1.7	2.7	3.7	4.7	<input type="checkbox"/>
1.8	2.8	3.8	4.8	<input type="checkbox"/>
1.9	2.9	3.9	4.9	<input type="checkbox"/>
1.10	2.10	3.10	4.10	<input type="checkbox"/>

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**-05/16/96--01041--007**

**\*\*\*200.00**

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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)(k), 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:

*Danny L Gould* - Danny Gould  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407 253 5514

CR2E034 (12/95)