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

PROFIT CORPORATION ANNUAL REPORT

FLOOR ENCHANCEMENT INC.

POST OFFICE BOX 100294 N/A

POST OFFICE BOX 100294 N/A

FORT LAUDERDALE FL 33310-0294

NORWOOD, GEORGETTE

FORT LAUDERDALE FL 33310-0294



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnan-

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000036826 (2)

Principal Place of Business Mailing Address 2880 W. OAKLAND PARK BLVD. STE. 125-C FORT LAUDERDALE FL 33311 Mailing Address 2880 W. OAKLAND PARK BLVD. STE. 125-C FORT LAUDERDALE FL 33311					
2. Principal P 21 Suite, Apt	lace of Business	2a. Mailing Address 26 Suite Apt. #, etc 27		 Date Incorporated or Qualified 05/08/1995 FEL Number 65 - 05 262 66 Certificate of Status Desired 	3a. Date of Last Report 5 - 7 3 - 6 Applied For Not Applicable \$8.75 Additional
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Ζφ 24]	25 9. Name and Address of Country	Zip 29	Country 30	This corporation has liability for Florida Statutes Yes Name and Address of New F	intang:ble tax under s 199 032. ☑No
11. Pursuant or register familiar wi	th, and account the obligations of	0502 and 607.1508, Florida St Forida Such change was auft Section 607.0505, Florida Stat	atutes, the above named corporated by the corporation's butters. The It is general April a particle by	ioration submits this statement for the pur pard of directors. Thereby accept the app	pose of changing its registered office outtiment as registered agent. Land
12.	OFFICERS	S AND DIRECTORS	13.	ADD/TIONS/CHANGES TO OFF	DATE
TITLE NAME STREET ADDRESS CITY-ST-2IP	PD JONES, DENNIS POST OFFICE BOX 1002 FORT LAUDERDALE FL 3	□ DELETE 294 N/A 33310-0294	1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY - STI-Z P		Change Addition
TITLE NAME STREET ADDRESS CITY-ST: ZIP	VD NORWOOD, DARYL POST OFFICE BOX 1002 FORT LAUDERDALE FL 3		2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST- ZIP		Change Addition
TITLE NAME	VD PINKSTON, MARIA	DELETE	3 1 HTCF		Change Addition

400001891344 -07/11/96--01081--018 hange DELETE 6 1 TITLE 6.2 NAME ***225.00 STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-Zip 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(ii). Florida Statutes, I further certify that the information indicated on this annual resport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

54 CITY - S - ZIP

3.3 STREET ADDRESS

4.3 STHEET ADDRESS

5.3 STREET ADDRESS

4.4 CiTY - ST - ZiP

3.4 CITY - ST- ZIP

4 1 TIFLE

4.2 NAME

5 1 TITLE

5.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIF

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

5-13-96

303-46-7021

Change

Change

Addition

☐ Addition