

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 # P95000036826 (2)

1. Corporation Name
FLOOR ENCHANCEMENT INC.

Principal Place of Business
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 33311-1362

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
07/11/1996

4. FEI Number

65-0526266

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

9. Name and Address of Current Registered Agent

JONES, DENNIS
2880 W. OAKLAND PARK BLVD.
STE. 125-C
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name JONES, Martha

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

2880 W. OAKLAND PARK 3611

83 STE. 125-C

84 City Fort Lauderdale

FL

85 Zip Code 33311

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 *Martha Jones*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/18/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, DENNIS
STREET ADDRESS POST OFFICE BOX 100294 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310-0294 ☒ DELETE

TITLE VD
NAME NORWOOD, DARYL
STREET ADDRESS POST OFFICE BOX 100294 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310-0294 ☒ DELETE

TITLE VD
NAME PINKSTON, MARIA
STREET ADDRESS POST OFFICE BOX 100294 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310-0294 ☒ DELETE

TITLE VD
NAME NORWOOD, GEORGETTE
STREET ADDRESS POST OFFICE BOX 100294 N/A
CITY-ST-ZIP FORT LAUDERDALE FL 33310-0294 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JONES, Martha
1.3 STREET ADDRESS Post Office Box 100294 N/A
1.4 CITY-ST-ZIP Fort Lauderdale 33310-0294 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
400002233624-8
-07/09/97-01044-014
*****165.00 *****165.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 *Martha Jones*

6/18/97 (950) 456-2222

CP2E034 (9/96)