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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS P95000040684 (9)

T & C FLOORING, INC.



Principal Place of Business		Meang Address			
1917 S.W. 67TH AVE POMPANO BEACH FL 33068		1917 S.W. 67TH AVE POMPANO BEACH FL 33068			
				3. Date incorporated or Qualified 05/22/1995	3a. Date of Last Report N.A.
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
i]		26 1917 S.W. 67	th Ave.	65-0581674	Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27 Pompano Beac	n, FL33068		Fee Hequired
City & State		City & State	sh RT	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Pompano Beac		This corporation has liability for it	
ון <u>בא</u> ר	25	33068	Gounto 30 Broward	Florida Statutes Yes	
1	9. Name and Address of Currer	. L , ,		10. Name and Address of New R	egistered Agent
			81 Nanie		
SNOW, CHARLES E 1917 S.W. 67TH AVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			0.000710		
POMPA	NO BEACH FL 33068		83		
			84 Orty		85 Zip Code
				oration submits this statement for the pur	FL
SIGNATURE	i, and accept the obligations of, Scaling and accept the obligations of Scaling and American Acceptance (Acceptance Acceptance Accep		. Bi garagi t Ağırıl siyicətər rövü	and white care dainst	(ĹE)
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
ITLE	D	DELETE	* 1 TITEF		☐ Change ☐ Addition
.AME	SNOW, CHARLES E		1.2 NAME		
TREET ADDRESS	1917 S.W. 67TH AVE		1.3 STREET ADDRESS		
ITY - ST - ZIP	POMPANO BEACH FL 330		14 CHY-ST ZP		
TLE	D CARNICO TIMA IA	☐ DECELE	2 1 IIILE		Change Addition
IAME	CARUSO, TINA M		2.2 NAME		
TREET ADDRESS	1917 S.W. 67TH AVE POMPANO BEACH FL 330	100	2.3 STREET ADDRESS		
ITY-ST-ZIP	POMPANO BEACH FL 330	JDO			
			2.4 GHY - ST - ZIP	The state of the s	Chance
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TREET ADDRESS ITY - ST - ZIP ITLE IAME ITREET ADDRESS CITY - ST - ZIP ITLE		☐ DELETE	3 1 HILE 32 NAME 33 STHEEL ADDRESS 34 CHY ST ZIP 4 1 THLE 42 NAME 4 3 STHEEL ADDRESS 44 CHY ST-ZIP		☐ Change ☐ Addition
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certify that the information indicated on this around report or supplemental around 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 by hongest or an attachment with an andress

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28, 1996 (954)9789551