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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS							
1. Corporation	TName	0047835 (0)					
GOLDE	EN IMAGE FLOORING INC.						
Principal Place of Business Mailing Address						00111 EEFIN 01011 (CHEN 14	
845 N MILITARY TRAIL		845 N MILITARY TRAIL					
	BEACH FL 33415	WEST PALM BEACH FL	33415				
		,			3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last I	Report
	ace of Business	2a. Mailing Address			4. FEI Number	~ L	Applied For
21	h -1-	26			(ds-05)8641		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State	3	City & State			6. Election Campaign Financing	\$5.0	00 мау Ве
13		28			Trust Fund Contribution	1 1	ed to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
	g. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New R	egistered Agent	
101100			81				
	ON, CHAD		82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
	ED PINE TRAIL GTON FL 33414		83				
WELLIN	GION FL 33414						
			84	City		FL 85 Z	ip Code
or register familiar with	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Section of Section 1997 of the section o	on 607.0505, Florida Statutes.			ration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its introduction to change of changing its particular control of the changing its particular change of changing its particular changi	registered office d agent. I am
12.	· · · · · · · · · · · · · · · · · · ·		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1. 1 TITLE		•	☐ Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	1100 1100 11100		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			1.4 CITY - 1 2 1 TITLE			☐ Change	☐ Addition
NAME			2 2 NAME				
STREET ADDRESS	845 N MILITARY TRAIL			T ADDRESS			
CITY-ST-ZIP	HEAT BALLA BELOW EL AGALE		24 CITY - 5				
TITLE		DELETE	3 1 TITLE			[] Change	Addition
NAME			3.2 NAME				
STREFT ADDRESS			33 STREE	T ADDRESS			
CITY - ST - ZIP			3.4 CITY-5				
TITLE	☐ DELETÉ		4. 1 TITLE			Change	■ Addition
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5 5. 1 TITLE			Change	Addition
NAME		□ precit	5. FINEE 5.2 NAME			C charge	
STREET ADDRESS			I.	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
THLE		☐ DELETE	6 1 TITLE			Change	Addition

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 cath; 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 enanged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE

NAME

SZAROCA THARTS

CITY-ST-ZIP

CR2E034 (12/95)