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

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000051996 (3)

2a. Mailing Address

City & State

Zip

Suite. Apt. #, etc.

DOCUMENT #

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zφ

UNIVERSAL FLOORS, INC.

Country

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Principal Place of Business	Mailing Address	
12352 RAMFIS ROAD HUDSON FL 34667	12352 RAMFIS ROAD HUDSON FL 34667	

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4-25 97 S13.863 0228

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualified 06/29/1995

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

59-33325W

4, FEI Number

9 Name and Address of Current Registered Agent			T	10. Name and Address of New Registered Agent							
	5. 1121110 0112		8	1	Name						
WELCH,	TERRI A		8	2	Street Addr	ress (P.O. Box Number is Not Accepta	ntike)				
	AMFIS ROAD		Ĺ								
HUDSON	FL 34667		8	13							
			8	14	City			85	Zip Cc	de	
					•		<u>FL</u>		2 80000	torod offi	
or registered familiar with SIGNATURE	the provisions of Sections 607.0502 and diagent, or both, in the State of Florida Standard accept the bolligations of Section for the special provided and the special provided agree or regular ages 13 at 11	07.0505, Florida Statutes	a by the co	- 60	, (mari o note	ad when renstating					
12.	OFFICERS AND DIF	ECTORS	13.			ADDITIONS/CHANGES TO OF				IN 12 Addition	_
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NAME	WELCH, TERRI A		1.2 NAM	1E							
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CITY - ST - ZIP	y certify that the information supplied with	triis filing is voluntarily furn				y for the exemption stated in Section 1	19.07(3)(k), F	orida S	latutes	I further	
certify that	t the information indicated on this annual r I am an officer or director of the corporati n Block 12 or Block 13 if changed, or on a	eport of supplemental arm on or the receiver or truste	e empower	s tri red	ue and accu to execule t	rate and that my signature shall have this report as required by Chapter 607	me same 109a ', Florida Statu	irenect ites; an	as ii fili d that r	ade undi my namé	;1

Country

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