SECOND NOT	TICE: CORPORATION WILL BE	DISSOLVED ON OR AFTER AUG	UST 7, 1996. REINSTATE: \$375.)	
SECOND NOTICE: CORPORATION WILL BE DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT CORPORATION ANNUAL REPORT 1996 Secretary of State DIVISION OF CORPORATIONS				
DOCUME 1. Corporation Na		0052451 (8)		
	ER FLOOR CARE, INC.			
Principal Place of	Business	Mailing Address		
5296 HOPERITA ST. ORLANDO FL 32812		5286 HOPERITA ST. ORLANDO FL 32812		Date Incorporated or Qualified O7/03/1995
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		4. FEI Number Applied for Not Applied by Status Desired Status Desired Fee Required
22		27 City & State 28 Zip	Country	Election Campaign Financing Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032,
24	25 9. Name and Address of Curre	29 30	<u> </u>	Florida Statutes Yos No 10. Name and Address of New Registered Agent
ORL	the provisions of Sections 607.05 (in the provisions of Sections 607.05 (in the State of Sections 607.05) (in the S	i02 and 607 1508, Florida Statutes, e of Florida Such change was auth galions of, Section 607 0505, Florid	83 84 City the above-named orized by the corpo	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code orporation submits this statement for the purpose of changing its registered ration's board of directors. Thereby accept the appointment as registered
5.01.17.105	tgranue typed or proted name of registered of		lagistered Agent signature r	equinat when recessiving) [All:
12. TITLE NAME		ND DIRECTORS DELETE	13. 11 THLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Richard Gallagher
STREET ADORESS CITY-ST-ZIP TITLE NAME		DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	5286 Hoperita Street Orlando, FL 32812 Change Addition
STREET ADDRESS CITY-ST-ZIP THLE		DELETE	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME	Charige Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3 3 STREET ADDRESS 3 4 CITY-SI-ZIP 4 1 TITLE	Change Add-tion
NAME STREET ADDRESS CITY-S1-ZIP		DELETE	4 2 NAME 4 3 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE	Change Additio
NAME STREET ADDRESS CITY - S1 - ZiP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Additir
TITLE		DELETE	6 1 TITLE 6 2 NAME	

CITY-ST-ZIP

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)(x). Flor da 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 617, Flor da Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-06-96

Cup) 273-2577