

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000054783 (2)**

1. Corporation Name  
**QUALITY WOOD FLOORS & STAIRS INC**



Principal Place of Business: **4793 SOUTH ATLANTIC AVE., STE. 11 PONCE INLET FL 32127**  
Mailing Address: **4793 SOUTH ATLANTIC AVE., STE. 11 PONCE INLET FL 32127**

3. Date Incorporated or Qualified: **07/12/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **645 Starstone Dr.**  
22 Suite, Apt. #, etc.  
23 **Lake Mary**  
24 **32746**  
25 **Seminole**  
26 **645 Starstone Dr.**  
27 Suite, Apt. #, etc.  
28 **Lake Mary**  
29 **32746**  
30 **Seminole**

4. FEI Number: **59-3322983**  
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  
**SIRISKA, JOANNE  
6822 22ND AVE. N. STE 277  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

Signature (typed or printed name of registered agent and its location)

(If the Principal Agent signature is required, who is resident in)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Mike Morgan</b>	
STREET ADDRESS	<b>4793 S ATLANTIC AVE #11</b>	
CITY-ST-ZIP	<b>Ponce Inlet FL 32127</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mike Morgan</b>	
STREET ADDRESS	<b>4793 S ATLANTIC AVE #11</b>	
CITY-ST-ZIP	<b>Ponce Inlet FL 32127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Senny Jenkins</b>	
STREET ADDRESS	<b>645 Starstone Dr.</b>	
CITY-ST-ZIP	<b>Lake Mary FL 32746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 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: **Senny Jenkins**

4-12-96

CR2E034 (12/95)