## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000056412 (6)

DECK-ALL FLOOR SYSTEMS, INC.

## FILED Sep 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address											
1100 N.W. SSTH STREET 1100 N.W. SSTH STREET											
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309											
							0 0-11		WRITE IN THIS S		
								corporated or Qua		ite of Last R	seport
2 Principal Pl	lace of Business		2a. Mailing Add	1000				3/1995	<u> </u>	02/1996_	oplied For
	O AlomA	Ar/e	26 3500	MA .	OMA	ANE	, kur	<b>9</b> 』3392 TAPPLICABLE	->26	_ <del></del> -	ot Applicable
Suite, Apt.			Suite, Apt. #	<u> </u>		,,,,,				\$8.75	
22 W	75		27 6				5. Certific	ate of Status Desire	ed 🗌	Fee Re	
City & State			City & State		2		6. Election	n Campaign Financ	ing	\$5.00	May Be
23 WT	nter PARI	6,72	28 Wint	ere M	mak	FL	Trust F	und Contribution		Added	
— Zip⊋a 4	Country	,	Zip		Country			rporation owes or h	· ·	- · -	<b>-</b> ~ 1
24 52	25 25		29 3276	1	30			al Property Tax due			_ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  DEADDEN AND ECOLOR											
DEARDEN, MILES C Jr.							niks	C DEA	RSEL	TR	2
1100 N.W. 55TH STREET  82 Street Address  83 Street Address  84 Street Address  85 Street Address  86 Street Address  87 Street Address  88 Street								Number is Not Acc			
FORT LAUDERDALE FL 33309  STOO A COMA A Ve											
						<u> </u>	0-15				
					84	City	li Torba a	PACK	FL	85 Zip (	Code
11. Pursuant t	to the provisions of Section	is 607 0502 at	nd 607 1508. Flor	ida Statute	s the above	named con	noration submi			changing it	s registered
office or re	egistered agent, or both, in	i the State of F	forida. Such cha	nge was au	uthorized by	the corpora	tion's board of	directors. I hereby	accept the app	ointment as	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or printed harder of registered agent and title if applicable (NOTE Registered Agent signature required whon reinstating)  DATE											
12.	OFF	CERS AND D	IRECTORS		13.			NS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12
TITLE	D			FLETE	1.1 TITLE					Change	Addition
NAME	<b>DEARDEN, MILES C</b>				1.2 NAME						
STREET ADDRESS	1100 N.W. 55TH STF				1.3 STREET	address		•			
CITY - ST - ZIP	FORT LAUDERDALE	FL 33309			1.4 CHY-S1	r-7IP					
TITLE				ELETE	2.1 TITLE					Change	Addition
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREET	ADORESS					
CITY-ST-ZIP				F. F.	2. 4 CITY - S	T-ZIP				— ·	
TITLE				ELETE	3.1 TITLE					Change	☐ Addition
NAME					3.2 NAME						
STREET ADORESS					3.3 STREET	1					-
CITY-ST-ZIP			Пр	ELETE	3.4. CITY - S	T-ZIP				Change	Addition
TITLE NAME			יים	LLETE	4.1 TITLE	F				L Change	
					4. 2 NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP					4.3 STREET						
TITLE				ELETE	4.4 CITY-S1 5 1 TITLE	- 217			•	Change	Addition
NAME			<i>0</i>		5.2 NAME					- Vilaligo	
STREET ADDRESS					5.3 STREET	ADORESS					
CITY-ST-ZIP					5.3 STREET						- 1
TITLE	-		□ D	FLETE	61 TITLE	EII				Change	Addition
NAME					62 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP					6.4 CITY-ST	ì					
14. I do hereb	y certify that the information				for the exer	nption stated					
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 c	nanged, or on	an attachment wi	th an addr	ess.	Á					