Applied For Not Applicable

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056412

1. Corporation Name

DECK-ALL FLOOR SYSTEMS, INC.

DECK-ALL FLOOR SYSTEMS, INC.			
Principal Place of Business	Mailing Address		I BILLO BILLI BIRRE HOLD HELLON
3500 ALOMA AVE 3500 ALOMA AVE W15 WINTER PARK FL 32792 WINTER PARK FL 32792		DO NOT WRITE IN THIS SPACE	
US	US	3. Date incorporated or Qualifed 07/18/1995	
2. Principal Place of Business 21 1201 S. OPLANDO AVE	2a. Mailing Address 26 1201 S. ORLANDO	4. FEI Number 59-3392526	Applied For Not Applicable
Suite, Apt. #, etc. 22 SUITE 340	Suite Apt. #, etc. 27 SUITE 340	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 WINTER PARK FL	City & State 28 WINTER PARK FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32789 25 USA	Zip Zip Country 29 32789 30 LLSA	This corporation owes the current year in Personal Property Tax.	ntangible ☐ Yes ☐ No

-3500 ALOMA AVE W-15-WINTER PARK FL 32792

DEARDEN, MILES C JR

1201 S. ORLANDO

- 1	LSA	Personal Property Tax.	☐ Yes ☐ No		
10. Name and Address of New Registered Agent					
81	Name				
82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
83					
84	City		FL 85 Zip Code		
	City		FL 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 pnoted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name or registered agent and use it approaches. [Indite: registered agent algorithm of the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name or registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent and use it approaches the printed name of registered agent age						
12.		1.1 TITLE	Change Addition			
TITLE	,					
NAME	DEARDEN, MILES C JR.	1.2 NAME	DEARDEN, MILES C + 2//2			
STREET ADDRESS	3500 ALOMA AVE, W-15	1.3 STREET ADDRESS	DEARDEN, MILES C. #340 1201 S ORLANDO AVE #340 WINTER PARK FL 32789			
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE	Change Addition			
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	*			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	31 TITLE	—————————————————————————————————————			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>	34. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS	i	4.3 STREET ADDRESS	1			
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Line of the organical Chat dead of the information			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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, with all other like empowered.

SIGNATURE: