FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000063295 (6)

FLOOR DECOR BY CRIS, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								ABINA BUARA UNI		\$1 BILLS 1885
2000 S. OCEA BOCA RATON	N BLVD. #22B FL 33432	2800 S. OCEAN BLVD. #22B BOGA RATON FL 33432					DO NOT WRITE II	N THIS SPAC	DE.	
							3. Date Incorporated or Qualified	*		
							08/14/1995			
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For
21		26					65-0601104			t Applicable
Suite, Apt #, etc.		· · · · · ·	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 / Fee Re	Additional equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
23		26				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip		Coun	try		8. This corporation owes or has paid			
24			30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Currer	it Hegistered Agent			91]	Name	10. Name and Address of New Regi	istered Agei	<u> </u>	
	RCES, CRISTINA			10	"	IName				
	O \$. OCEAN BLVD. #22B					Street Addre	ess (P.O. Box Number is Not Acceptable	9)		
B00	CA RATON FL 33432			<u> </u>	33					
				10	33					
				8	34	City		8	5 Zip (Code
								FL	1,	
of to earling	onistered abent, or both, in the State	eof Florida, Such cha	noe was a	authorized.	by t	named corp the corporati	oration submits this statement for the pulion's board of directors. I hereby accept	the appointr	nging it nent as	registered registered
agent. Lar	n lamiliar with, and accept the oblig	ations of, Section 60	7.0505, Flo	orida Statui	tes.					
SIGNATURE				. 10.00 0.000.			ed when reinstating)	DATE		
12.	Sign at ore type ooi prinde than ie of requirer dia p OFTICERS AN		(14:51)	13.	rigen i	i signature regime	ADDITIONS/CHANGES TO OFFICE		ECTOR	
TITLE	P		DELETE	1170			ABBITIONS/OFFINITED TO OTT TOE		Change	Addition
NAME	GARCES, C RISTINA			1 2 NAM			. /	_	-	
STREET ADDRESS	2800 S. OCEAN BLVD. #22B			1.3 STRI		DDRESS	None			
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY			,00,0			
TITLE	DOON WHOM I'E GOIGE		DELETE	2 1 11/1					Change	Addition
NAME				2 2 NAM	AE.					
STREET ADDRESS				2.3 STRI	FET A	DDRESS				
CITY-ST-ZIP				2 4 CIT						
TITLE			DELETE	3 1 TITL					Change	Addition
NAME				3 2 NAM	AE.					
STREET ADDRESS				33 STRI	EET AL	DDRESS				
CITY-ST-ZIP				3.4. CIT	Y-SI-	- ZIP				
TITLE			DELETE	4.1 TITU					Change	Addition
NAME				. 4.2 NA	ME					
STREET ADDRESS				4.3 STR	EET AL	DDRESS				
CITY-ST-ZIP				4.4 CITY	r-st-	- ZIP				
TITLE			DELETE	5.1 TITL					Change	Addition
NAME				5.2 NAM	ME					
STREET ADDRESS				5.3 STR	A F13	DORESS				
CITY-SY-ZIP				5.4 CITY	r-s1-	- ZIP				
TITLE			DELETE	6.1 TI3L					Change	Addition
NAME [\sim	62 NAM	AE.					
STREET ADDRESS	للمواجع والمعتمل والمنطوري		/)	6.3 STR	EET AI	DORESS				
CITY-ST-ZIP			/ /	6.4 CITY	Y-\$1-	-ZIP				
14 I hereby c	ortify that the information supplied w	ath this filing does to	t qualify to	or the exer	nolid	on stated in	Section 119.07(3)(i), Fiorida Statutes I fu	urther certify	that the	information
indicated officer or o Block 12 (on this/annual report or supplements director of the corporation or the ric or Block 13 if changed or on an alla	ai annuai reportys in eiver or trustee empo ichment with arya lich	e find acc wered to ess.	execute th	tnat is re	i my signatur aport as requ	re shall have the same legal effect as if r uired by Chapter 607, Florida Syatules; a	nd that my n	ame ap	pears in