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

Mailing Address

4774 N.E. 11TH AVE.

OAKLAND PARK FL 33334-3908

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

OAKLAND PARK FL 33334

4774 N.E. 11TH AVE.

CITY-S1-ZiP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000069757 (9)

FLORANADA FLOOR COVERINGS, INC.

										3.	Date Incorporated or Qualified 09/07/1995					
2.	2. Principal Place of Business				2s. Mailing Address				4.	FEI Number	·*·	İ	Ap	plied For		
21				26							65-0607904		ľ	No	t Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					_	. Certificate of Status Desired		\$8	75 /	dditional	
22				27	<u> </u>						. Certificate of Status Desired	L!	F	ee Re	quired	
City & State				City & State					6.	. Election Campaign Financing		\$.00	May Be		
23										Trust Fund Contribution		A	ded t	o Fees		
Щ	Zip		Country		Zip		Country			8.	. This corporation has liability for it			der s.	199.032,	
24			25	29		30				<u> </u>	Fiorida Statutes Yes No					
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent								
WARRENDER, KEVIN F								81 Name								
4774 N.E. 11TH AVE.								82 Street Address (P.O. Box Number is Not Acceptable)								
OAKLAND PARK FL 33334																
							83									
							84	6	City				65	Zip (Code	
									•			FL		•		
11	 Pursuant i office or re agent. La 	to the provis egistered aç m familiar w	sions of Sections 607. gent, or both, in the Si ith, and accept the of	0502 and € late of Flori oligations o	i07.1508, Florida Statut da. Such change was i f, Section 607.0505, Fl	tes, the authorize orida Sta	above ed by atutes	8-n: / th 8.	amed corpo e corporatio	ratio n's l	on submits this statement for the p board of directors. I hereby accep	rpose of the app	chang ointme	ging it: int as	s registered registered	
SIGNATURE Suprature, typed or proted name of registered agent and title if applicable INOTE. Registered Agent signature regulred when reinstating. DATE																
Signature, typed or printed name of registered agent and the if applicable (NOTE: Bagiste 12. OFFICERS AND DIRECTORS 13									ignature required		en reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDE	CTOD	C IM 40	
TIT	·····	PSTD	OFFICERS	AND DIRE	DELETE		TITLE				ADDITIONS/CHANGES TO OFFIC	INS AND	Cr		Addition	
	.ME		D, RICHARD E				NAME						L 01	arigu		
	REET ADORESS		E. 11TH AVE.						2000							
1 -	OAKLAND PARK FL 33334				1.3 STREET ADDRESS											
TIT		31 211						1.4 CITY - ST - ZIP 2.1 TITLE					☐ Cr	2000	Addition	
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	.ME						NAME									
STREET ADDRESS							4.3 STREET ADDRESS									
CITY-ST-ZIP						_	4.4 City-St-ZiP						T-1 2.		1111 - 1111	
ŤIŢ					☐ DELETE		TITLE						☐ Cr	ange	Addition	
	ME					4	NAME									
SI	reet address					5.3	STREET	ADI	Dress							
City-SI-ZiP						5.4 CITY-ST-ZIP			IP							
TIT	'LE				☐ DELETE	6.1	TITLE		- 1				☐ C	ange	Addition	
NA	ME					6.2	NAME									
STREET ADDRESS						6.3 STREET ADDRESS			Dress							

6.4 City-St-ZIP 14. I do 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

ICHARD E. CANFELD