Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90200 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DO

DOCUI	MENI # P95000	069757				
1. Corporation	ADA FLOOR COVERINGS,	•				
Principal Place	e of Business	Mailing Address			HE OTTER ISIN INDUI DIET BEDI ED	∎ł
4774 N.E. 11TH AVE. 4774 N.E. 11TH AVE.						
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 09/07/1995		
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	\rightarrow
21		26		65-0607904	Not Applicat	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional - Fee Required	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	\neg
24	25	29	· ·	Personal Property Tax.	∐Yes □No	- 1
	9. Name and Address of Currer			10. Name and Address of New Register	ed Agent	
			81 Name	•		
	render, kevin f		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		\dashv
4774 N.E. 11TH AVE.			Silver Addi	COS (F.O. DOX (MINDOF) TO FOOT FOOT FOOT		
OAK	LAND PARK FL 33334		83			
			84 City		85 Zip Code	-
					· L	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registere	đ
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes.	on's board of directors. I floreby accept the ap	2011/11/10/10 DD 1-09/01010-0-0	
SIGNATURE	Ktein F. Wan	end_			10-99	
	Signature, typed or printed name of registered age		egistered Agent signature require	b whom following/		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Add	
TITLE	PSTD	☐ DELETE	1.1 TITLE			,0017
NAME	CANFIELD, RICHARD E		1.2 NAME			
STREET ADDRESS	4774 N.E. 11TH AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33334	☐ DELETE	1.4 CITY-ST-ZIP		Change Add	ition
TITLE	VD	☐ pereie	2.1 TITLE			
NAME	CANTWELL, EUGENE G		2.2 NAME			
STREET ADDRESS	4774 N.E. 11TH AVE.		2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33334	T DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Add	ition
TITLE			3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4, CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Add	ition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS	•	i	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	lition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE	<u> </u>	Change Add	lition
NAME			6.2 NAME	,		
STREET ADDRESS.			6.3 STREET ADDRESS			

14. 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

Daytime Phone #