

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000084947 (7)**

1. Corporation Name  
**EXPRESS FLOORS, INC.**



Principal Place of Business <b>1422 36TH AVE. VERO BEACH FL 32960</b>	Mailing Address <b>P.O. BOX 187 VERO BEACH FL 32961-0187</b>
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3. Date Incorporated or Qualified <b>11/02/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>2966 1ST PLACE</b>	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number <b>65-0625732</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State <b>VERO BEACH FL</b>	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>32968</b>	25 Country <b>INDIA-INDIA</b>	29 Zip	30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BELL, L. MICHAEL  
1422 36TH AVE.  
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name <b>L. MICHAEL BELL</b>
82 Street Address (P.O. Box Number Not Acceptable) <b>2966 1ST PLACE</b>
83
84 City <b>VERO BEACH</b>
85 Zip Code <b>FL 32968</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, L M</b>		1.2 NAME <b>L MICHAEL BELL</b>	
STREET ADDRESS <b>1422 36TH AVE</b>		1.3 STREET ADDRESS <b>2966 1ST PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32960</b>		1.4 CITY-ST-ZIP <b>VERO BEACH FL 32968</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, TERI S</b>		2.2 NAME <b>TERI S. BELL</b>	
STREET ADDRESS <b>1422 36TH AVE</b>		2.3 STREET ADDRESS <b>2966 1ST PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH FL 32960</b>		2.4 CITY-ST-ZIP <b>VERO BEACH, FL 32968</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 561-564-9779  
Date Daytime Phone #

CR2E034 (9/96)