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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500084947 (7)

FILED Apr 28 1998 8:00am Secretary of State

EXPRESS FLOORS, INC. Principal Place of Business Mailing Address 2966 1ST PLACE P.O. BOX 187 VERO BEACH FL 32961 VERO BEACH FL 32968 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1995 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 65-0625732 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BELL, MICHAEL L. 2966 1ST PLACE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32968 City 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE BELL, MICHAEL L. 12 NAME NAME 2966 1ST PLACE STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE BELL, TERI S. 2.2 NAME NAME 2966 1ST PLACE 2.3 STREET ADDRESS STREET ADDRESS **VERO BEACH FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ___ Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 reports 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 trusted emphasized 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 attack place with an expression.

CIGNATHDE.

4/15/98 54.54.977