DOCUMENT # P95000098016         Feb 25, 2004 05:00 AM           1. Simplify Jame         Secretary of State           VCS FLOOR COVERING, INC.         Feb 25, 2004 05:00 AM           Proceed Pairs of Barless         Maling Address           744 BAIDA DR         The BADCA OF           ALTAMONTE SPRINGS FL 32714         The BADCA OF           2. Proceed Pairs of Barless         The Address           Stern Adv Auc         Sum Api Ir dot           CAP & Sum         Che A State           20         Country         20           Country         20         Country           20         Country         20           Country         20         Country           20         Country         20           Country         20         Country         4. Rein and Address of Corrent Begistered Agent           ALTAMONTE SPRINGS FL 32714         Intra         Nonce and Madress of New Registered Agent           CAPELLO, VICTOR         Broat Address of New Registered Agent         State Agent Agent           Address of New Registered Agent         State Agent Agent         State Agent Agent           State Agent Agent         State Agent Agent         State Agent           Address of New Registered Agent         State Agent         State Agent <th colspan="9">2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) FILED</th>	2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) FILED								
Principal Place of Business       Mailing Andress         74 BALDA DB ALTAMONTE SPRINGS FL 32714       Trig BALDA DB ALTAMONTE SPRINGS FL 32714         2. fmodula Place of Business       3. Mailing Andress ALTAMONTE SPRINGS FL 32714       Model         2. fmodula Place of Business       3. Mailing Andress ALTAMONTE SPRINGS FL 32714       Model         2. fmodula Place of Business       3. Mailing Andress ALTAMONTE SPRINGS FL 32714       Model         2. fmodula Place of Business       3. Mailing Andress ALTAMONTE SPRINGS FL 32714       Model         CAP & Bullow       Country       3. Contrade of Subsciences Agent       Model         CAP & Bullow Address of Counterel Registered Agent       Model       None and Address of Hear Registered Agent         CAP ELLO, VICTOR 744 BALDA DR 744 BALDA DR 744 BALDA DR ALTAMONTE SPRINGS FL 32714       None and Address of Hear Registered Agent       Model         Stronk Address of counterel Registered Agent       Cov       FL       Stronk Address of Counterel Registered Agent       Cov         Stronk Address of counterel Registered Agent       Model Registered Agent       Model Registered Agent       Cov       FL       Stronk Address of Counterel Registered Agent       Model Registered Agent       Address of Counterel Registered Agent       Model Registered Agent       Model Registered Agent       Model Registered Agent       Model Registered Agent       Model Registered Agent       Model R	DOCUMENT # P95000098016 1. Entity Name					Feb 25, 2004 08:00 AM			
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ALTAMONTE SPRINGS PL 32714       ALTAMONTE SPRINGS FL 32714         2. Principal Place of Business       3. Mating Address         Sovi, Apil R, etc.       Sule, Apil R, etc.         Cay & State       Cay & State         Zep       Country         Zep       Country         Zep       Country         Zep       Country         Sovi, Apil R, etc.       Sule, Apil R, etc.         Cay & State       Country         Zep       Country         Zep       Country         Sovi, Apil R, etc.       Country         Sovi, Apil R, etc.       Country         Sovi, Apil R, etc.       Country         Sovia, Apil R, etc.       Sovia Apil R, etc.         Sovia, Apil R, etc.       Sovia Apil R, etc.         Sovia, Apil R, etc.       Sovia Apil R, etc.         Sovia, Apil R, etc.			•						
Same April 2 atc     Suite April 2 etc.     MOORE     CREED34 (11/03)       Cby & State     Cry & State     4. FEI Number 5 99-33665605     Applied Por Intro-Application       Zip     Country     Zip     Country     2 p       Country     Zip     Country     2 p     Country     5. Configured of Status Doursed     56.75 Auditoral Pre-Application       CAPELLO, VICTOR 784 BALDA DR ALTAMONTE SPRINGS FL 32714     Name     Name       Civ     FL     Zip Code       8. The advance manual antity submits the statement for the parpose of changing its regulatered office or registered agent.     Other Audress (P O Box Number is Not Accorphilden)       Signam     Civ     FL     Zip Code       8. The advance manual antity submits the statement for the parpose of changing its regulatered office or registered agent, or both, in the State or Hords, is and anoder its wate, and accept the oblight of a gent agent				S FL 32714					
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City & State  C	Suite, Apt #, etc		Suite, Apt. #, etc.						
Zip       Country       Zip       Country       6. Certificate of Status Depart       St.75 Additional Tech Regulated         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         CAPELLO, VICTOR 784 BALDA DR       Name       Street Address (P D. Box Numberlis Not Acceptable)         ALTAMONTE SPRINGS FL 32714       Street Address (P D. Box Numberlis Not Acceptable)         Signature       City       FL       Zip Code         8. The above named critity submits in statement for the purpose of changing its registered dates (P D. Box Numberlis Not Acceptable)       ONT         Signature       Signature       Not Registered Agent (PD. Box Numberlis Not Acceptable)       ONT         Signature lyoed spread cars of registered agent.       Not Registered Agent (PD. Box Numberlis Not Acceptable)       ONT         Signature lyoed spread cars of registered agent.       Not Registered Agent (PD. Box Numberlis Not Acceptable)       ONT         Signature lyoed spread cars of registered agent.       Not Registered Agent (PD. Box Numberlis Not Acceptable)       ONT         Make Check Payable to Tendab Department of State       Not Registered Agent (PD. Box Numberlis Not Acceptable)       Ontop (PD. Box Numberlis Not Acceptable)       Ontop (PD. Box Numberlis Not Acceptable)         Name       CAPELLO, VICTOR       Not Registered Agent (PD. Box Numberlis Not Acceptable)       Ontop (PD. Box Numberli	City & State		City & State		4. FEI Number		plied For		
CAPELLO, VICTOR     784 BALDA DR     ALTAMONTE SPRINGS FL 32714      City     FL     20 Codo     City     FL     City     City     FL     City     FL     City     City     FL     City     FL     City     FL     City     FL     City     FL     City     City     City     City     City     FL     City     FL     City	Zip Country		Zip	Zip Country		5. Certificate of Status Desured S8.75 Additional			
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764 BALDA DR ALTAMONTE SPRINGS FL 32714       Street Audities FC Dax with bit for Audeptacet         City       FL       Zip Code         City       FL       Zip Code         City       FL       Zip Code         Street Audities of registered agent, or both, in the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the Status of Florida, i am familiar with, and accept the obligations of registered agent, with a statument for the purpose of changing lis registered agent, or both, in the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the Status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the status of Florida, i am familiar with, and accept the obligations of registered agent, or both, the status of Florida, i am familiar with, and accept the status of Florida, i am familiar with, and accept				Nam	e				
The above named entity submits ins statement for the purpose of changing its registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent.     SiGNATURE     Signaline typed sprint/are of registered agent.     Signaline typed sprint/are of registered agent are state registered     Signaline typed sprint/are of registered agent.     Signaline typed sprint/aregistered agent.     Signaline typed sprint/aregistered agent.	784 BALDA DR			Stree	at Address (f	P O. Box Number is Not Acceptable)			
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FLE NOW!!! FEE IS \$150.00         After May 1, 2004 Fee will be \$550.00         Make Check Payable to Florida Department of State       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.         INL       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         INL       P       Dette       INL       CAPELLO, VICTOR       Intl         INLE       CAPELLO, VICTOR       Intl       Intl       Change       Addition         INLE       VP       Dette       INL       Intl       Change       Addition         INME       CAPELLO, VICTOR       Strett Addets3       Intl       Change       Addition         INME       CAPELLO, DEBSIE       Strett Addets3       Intl       Intl </td <td>SIGNATURE</td> <td>Signature, typed or printed name of registered agon</td> <td>and little if applicable (NOT</td> <td>E Registered Agent sy</td> <td>posture required</td> <td>I when roinstating) DATE</td> <td></td> <td></td>	SIGNATURE	Signature, typed or printed name of registered agon	and little if applicable (NOT	E Registered Agent sy	posture required	I when roinstating) DATE			
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CITY-ST-ZIP 12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			Delete				Change	🗋 Addition	
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SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	indicated of the co	f on this report or supplemental report reporation or the receiver or trustee emp	is true and accurate and that powered to execute this repor	my signature sha t as required by	stated in Se all have the Chapter 607	ection 119.07(3)(i), Florida Statutes. I further a same legal effect as if made under oath, that 7, Florida Statutes, and that my name appear	certify that the ir t I am an officer rs in Block 10 or	of director r Block 11 if	
	SIGNAT		PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		2/23/04 40 Date	17-578-27 Daytime Phone #	88	