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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jul 07, 2000 8:00 am Secretary of State

07-07-2000 90461 011 \*\*\*550.00

| DOCUMENT # | P96000004701 | (4) |
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| r. Corporatio                                      | SURFACES, INC.   | .004701 (4)  |  |   |  |
|--|--|--|--|---|--|
| Principal Plac                                     | e of Business  | Mailing Address  | <del></del> _ <del></del>  | ומפרו הפרו הסופה הנפפר הופנים הווסם הנוסם ונוסם בווסם וונסם ונוסם ונוסם ונוסם מווסי בנון אמצונסטו ב   |  |
| 3860 N.W. 1067<br>CORAL SPRING                     |  | 3860 N.W. 106TH DRIVE<br>CORAL SPRINGS FL 330  | 65-2338  |   |  |
| 1  |  |  |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 5-03-1999   |  |
| 2. Principal P                                     | lace of Business   | 2a. Mailing Address  |  | 4. FEI Number Applied For   |  |
| 21   | ·  | 26   |  | 65 - 06 36 52 O Not Applicable  |  |
| Suite, Apt.  | #, etc   | - Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired See Required   |  |
| City & Stat  |  | City & State   |  |   |  |
| <b>一</b>   | e  | 28   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees   |  |
| 2 <b>3</b>  <br>Zip                                | Country  | Zip  | Country  | 8. This corporation has liability for intangible tax under s. 199.032,  |  |
| 24   | 25   | 29   | 30   | Florida Statutes Yes No   |  |
| -  | 9. Name and Address of Curren  | nt Registered Agent  |  | 10. Name and Address of New Registered Agent  |  |
| FILINGS, INC. 5/06/1997 BI Name GREGORY M. REIKING |  |  |  |   |  |
|  | TLAUDERDALE FL 33311   | crancilal  | £ : 3  | dress (P.O. Box Number is Not Acceptable) 860 NW 106 DRINE  |  |
|  |  |  | 83   |   |  |
|  |  |  | 84 City C  | ORAL SPRINGS FL 85 Zip Code 65  |  |
| 11, Pursuant office or a                           | to the provisions of Sections 607.050 registered agent, or both, in the State              | 2 and 607.1508, Florida State<br>of Florida. Such change was<br>ations of. Section 607.0505. | utes, the above-named constant authorized by the corpora Florida Statutes. | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |  |
| SIGNATURE  | San Mh   | (  | OTE: Registered Agent signature req  | 6-30-00   |  |
| 10   | Signature, types or printed name of registered age   | D DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE .  | D  | DELETE   | 1.1 TITLE  | Change Addition   |  |
| NAME   | REIKING, GREGORY M   |  | 1.2 NAME   |   |  |
| STREET ADDRESS                                     | 3860 N.W. 106TH DRIVE  | 1  | 1.3 STREET ADDRESS   | <del> </del><br>  |  |
| CITY-ST-ZIP  | CORAL SPRINGS FL 33065   | ·  | 1 4 CITY-ST-ZIP  |   |  |
| TITLE  |  | DELETE   | 2.1 TITLE  | Change Addition   |  |
| NAME   |  |  | 2.2 NAME   |   |  |
| STREET ADDRESS                                     |  |  | 2.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | }  | ٠ ج حـ .   | 2.4 CITY-ST-ZIP  |   |  |
| TITLE  | , <del>, ,</del> | DELETE   | 3.1 TITLE  | Change Addition   |  |
| NAME   |  |  | 3.2 NAME   |   |  |
| STREET ADDRESS                                     |  |  | 3.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | 3.4. CITY - ST - ZIP   |   |  |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE  | Change Addition   |  |
| NAME   | 1  |  | 4, 2 NAME  | \<br>   |  |
| STREET ADDRESS                                     |  |  | 4.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |  | 4.4 CITY-ST-ZIP  | T Change T Addition   |  |
| TITLE  |  | DELETE   | 5.1 TITLE  | Change Addition   |  |
| NAME 🗳   | }  |  | 5.2 NAME   | ·<br>   |  |
| STREET ADDRESS                                     | }  |  | 5.3 STREET ADDRESS   | ĺ   |  |
| CITY-ST-ZIP  |  |  | 5.4 CITY-ST-ZIP  | Change Addition   |  |
| TITLE  |  | DELETE   | 6.1 TITLE  | Change Addition   |  |
| ALAS AC  | í  |  | 62 NAME É  |   |  |

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 attachment with an address.

**6.3 STREET ADDRESS** 

SIGNATURE:

STREET ADDRESS

6-30-00

9547531891