## 03021999-90085-037-\$150.00-\$150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90085 037 \*\*\*150.00

## DOCUMENT # POCOCOL 12850

1. Corporation									
LOUMAF	r tiles & floor coverin	G, CORP.			· ARTHER OF ARTH RULE BRILL BRILL	ut <b>at</b> ent <b>täta</b> t m <b>att</b> t	11 <b>81 (818) 8</b>	(()) <b>()</b> () () () () () () () () () () () () ()	
Odeslast Olas	a of Divolance	Mailing Address						HINE HER LEN	
Principal Plac		<del>"</del>							
2021 SOUTH MILLS AVENUE PO BOX 561335 ORLANDO FL 32806 ORLANDO FL 32856-335									
OILDANOO TE S	<b></b>	US				TE IN THIS SPA	CE		
					3. Date incorporated or Qualifed				
					02/12/1996			E-4 Far	
	Place of Business	2a. Mailing Address			4. FEI Number			Applicable	
	me.	Suite, Apt. #, etc.	<u>•</u>		59-3371399	¢:		dditional	
Suite, Apt.	#, etc.	27 –			5. Certificate of Status Desired		Fee Rec		
City & Stat		City & State	- <del></del>		6. Election Campaign Financing		5.00	May Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year Intanglb	le	· · · · · · · · · · · · · · · · · · ·	<u> ~~~</u>
24	25	29	30		Personal Property Tax.	<u> </u>		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	tegistered Agen	ıt	•	
007	roy ou oo HODAEL			81 Name	N/A.			•	
	TOLONGO, ISRAEL			82 Street Ac	idress (P.O. Box Number is Not Accepte	ible)			
2021 SOUTH MILLS AVENUE ORLANDO FL 32806									
UnL	ANDU PL 32000		i	83				_ [	
				84 City		FL 65	1		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	oove-named co	progration submits this statement for the atton's board of directors. I hereby accept	purpose of chan	ging its r	registered istered	
office or r	registered agent, or both, in the State of	of Florida. Such change was at	unonzeo	Dy the corpora	auton a notate of dilectors. I hereby accep	t are appointment	.,		ı
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Floi	ida Statu	ites.					
Į.									_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered		ulrad when reinstating)	DATE			(86)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:  D DIRECTORS	Registered	Agent signature requ		DATE FICERS AND DI			(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:	Registered 13.	Agent signature requ	ulrad when reinstating)	DATE FICERS AND DI	RECTOR	RS IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL	and title if applicable. (NOTE:  D DIRECTORS	13. 1.1 TR 1.2 NA	Agent signature requ	ulrad when reinstating)	DATE FICERS AND DI	RECTOR	RS IN 12	E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE	and title if applicable. (NOTE:  D DIRECTORS	13. 1.1 TII 12 NA 13 ST	Agent signature require  LE  ME  REET ADDRESS	ulrad when reinstating)	DATE FICERS AND DI	RECTOR	RS IN 12	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL	and title if applicable. (NOTE:  D DIRECTORS	13. 1.1 TII 12 NA 13 ST	Agent signature requ LE ME REET ADDRESS TY-ST-ZIP	ulrad when reinstating)	DATE FICERS AND DII	RECTOR	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZBP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TR 1.2 NA 13 ST 1.4 CR	Agent signature required to the signature requirement of the signature req	ulrad when reinstating)	DATE FICERS AND DII	RECTOF Change	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TR 12 NA 13 ST 1.4 CR 2.1 TR 2.2 NA	Agent signature required to the signature requirement of the signature req	ulrad when reinstating)	DATE FICERS AND DII	RECTOF Change	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZBP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TR 12 NA 13 ST 14 CR 2.1 TR 2.2 NA 2.3 ST	Agent signature requirements ME REET ADDRESS IY-ST-ZIP LE ME	ulrad when reinstating)	DATE FICERS AND DI	RECTOF Change Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZEP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TR 12 NA 13 ST 14 CR 2.1 TR 2.2 NA 2.3 ST	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOF Change	RS IN 12	CR2E034 (11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TR 12 NA 13 ST 14 CC 2.3 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TR 3.2 NA	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOF Change Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 TI 12 NA 12 ST 1.4 CT 2.1 TII 22 NA 2.3 ST 2.4 CT 3.1 TII 32 NA 33 ST 34 CT	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS  DELETE	13. 1.1 TII 12 NA 13 ST 14 CI 2.3 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOF Change Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZEP  CITY-ST-ZEP  CITY-ST-ZEP  CITY-ST-ZEP	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 TI 12 NA 12 ST 14 CC 2.1 TI 12 2.1 M 2.3 ST 2.4 CC 3.1 TI 32 NA 3.3 ST 3.4 CC 4.7 TI 4.2 NA 14.2 NA 15.5 TI	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered 13. 1.1 TI 12 NA 11.2 NA 11.3 ST 14.4 CT 2.1 TIT 22.1 M 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST 3.4 CT 4.7 TT 4.2 NA 4.3 ST 4.3 ST	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DI	RECTOR Change Change	RS IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	D DIRECTORS  DELETE  DELETE	Registered 13. 1.1 TII 12 NA 1.2 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.7 TII 4.2 NA 4.3 ST 4.4 CI 4.4 C	Agent signature required to the signature re	ADDITIONS/CHANGES TO OFF	OATE FICERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	D DIRECTORS  DELETE  DELETE	Registered 13. 1.1 TI 12 NA 13 ST 1.4 CII 2.1 M 2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4 CI 4.2 NV 4.3 ST 4.4 CII 5.1 TI 5.2 NA	Agent signature required to the signature region of the signature regi	ADDITIONS/CHANGES TO OFF	OATE FICERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD SOTOLONGO, ISRAEL 2021 SOUTH MILLS AVENUE ORLANDO FL 32806	D DIRECTORS  DELETE  DELETE	Registered 13. 1.1 TI 12 NA 13 ST 1.4 CII 22 NA 23 ST 2.4 CI 3.1 TI 32 NA 33 ST 34 CI 42 NA 43 ST 44 CII 51 TI 52 NA 53 ST	Agent signature required to require the second signature required to the second signature required to the second signature regular signatu	ADDITIONS/CHANGES TO OFF	OATE FICERS AND DI	RECTOR Change Change Change	RS IN 12 Addition Addition Addition	CR2E034 (11/98)
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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.