

FILE NOW: FILING FEE AFTER MAY 1ST IS \$570.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90032 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000028164**

1. Corporation Name
ACCENT FLOORCOVERING, INC.



Principal Place of Business: 2222 S. COMBEE RD. STE 1 LAKELAND FL 33801 US

Mailing Address: 2222 S. COMBEE RD. STE 1 LAKELAND FL 33801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (New Address) ↓
 21 1705 Gary Rd E.
 Suite, Apt. #, etc.
 22 Lakeland, FL
 City & State
 23 33801 USA
 Zip Country
 24 33801 25 USA
 26 Same
 27 Suite, Apt. #, etc.
 28 City & State
 29 Zip Country
 30

3. Date Incorporated or Qualified
 03/18/1996

4. FEI Number
 59-3372069 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 TAYLOR, DENNIS FRANK
 2222 S. COMBEE RD. STE 1 LAKELAND FL 33801
 1705 Gary Rd. E.

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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]* DATE: 1/11/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, DENNIS F	
STREET ADDRESS	1508 E FERN RD 1843 TRISTRAM	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	Taylor, Ingerlise L.	<input type="checkbox"/> DELETE
NAME	1843 TRISTRAM	
STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* DATE: 1/11/99 666-8803

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