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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000053056**1. Corporation Name

SUBFLOOR SYSTEMS, INC.

Principal Place of Business 11310 SATELLITE BLVD. ORLANDO FL 32837

Mailing Address

11310 SATELLITE BLVD. ORLANDO FL 32837

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90153 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					06/21/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		-59-3389248	·Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					F Contifered of Ctatus Desired	5 Additional
22		27			5. Certificate of Otalica Bosilion E. Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Add	ed to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year Intangible	_
24	25	293	29 30		Personal Property Tax.   ✓ Yes   No	
	9. Name and Address of Curre	nt Registered Agent		···	10. Name and Address of New Registered Agent	
			81	Name		
MAIERS, GERALD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	10 SATELLITE BLVD.		On Contraction (1.0.) Don't contract to the contract of			
ORL	ANDO FL 32837		83			
			84	City	85 2	Zip Code
			04	City	FL  °	-ip code
SIGNATURE	Signature, typed or printed name of registered ag			nt signature require	ed when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	D	☐ DELETE	1.1 TITLE		Chan	ige
NAME	MAIERS, GERALD		1.2 NAME			
STREET ADDRESS	12088 BLACKHEATH CIR		1.3 STREE	TADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-S	T-ZIP		
TITLE	D ·	☐ DELETÉ	2.1 TITLE		☐ Chan	ige
NAME	MAIERS, CHARLES	_	2.2 NAME	1		
STREET ADDRESS	12528 BRITWELL CT		2.3 STREE	T ADDRESS		-
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S	ST-ZIP		
TITLE		☐ DÉLETE	3.1 TITLE		Chan	nge
NAME	}	,	3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		
TITLE	1	☐ DELETE	4.1 TITLE		☐ Char	nge
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
C/TY-ST-ZIP			4.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Chan	nge 🔲 Addition
			52 NAME			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

407-B16-1770.

☐ Addition