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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

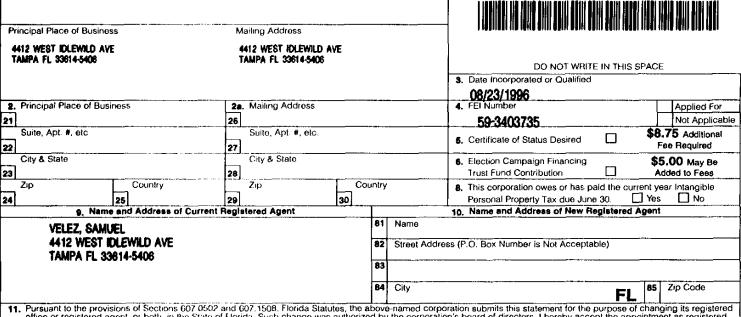
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071194 (0)

SAM VELEZ FLOOR COVERING SPECIALIST, INC.

Principal Place of Business	Mailing Address
4412 WEST IDLEWILD AVE	4412 WEST IDLEWILD AVE
TAMPA FL 33614-5406	TAMPA FL 33614-5406

FILED May 07 1998 8:00am Secretary of State



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, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DELET	TE 1.1 TITLE	Change Addition		
NAME	VELEZ, SAMUEL	1.2 NAME			
STREET ADDRESS	4412 WEST IDLEWILD AVE	13 STREFT ADDRESS			
CITY-ST-ZIP	TAMPA FL 33614-5408	1.4 CHTY-ST-ZIP			
TITLE	☐ DELE	E 21 THTLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2 3 STREET ADDRESS			
CITY-ST-ZIP		2 4 CITY - ST - ZIP			
TITLE	☐ DELET	E 3.1 TITLE	Change Addition		
NAME		3.2 NAME	·		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELET	TE 4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELET	TE 51 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELF	E 61 TITLE	☐ Change ☐ Addition		
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			

14. Thereby 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 on an attachment with an address.

SIGNATURE: