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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600076623 (3)

FLOORING PROS, INC.

SIGNATURE:

Principal Place of Business	Mailing Address		**************************************	MBERS CREAM MISSEN MISSES COM	PB 1901 (00)
1844 NOB HILL ROAD SUITE 232 PLANTATION FL 33322	1844 NOB HILL ROAD SUITE 232 PLANTATION FL 33322-6548				
		·	3. Date Incorporated or Qualified 09/13/1996	3a. Date of Last R	eport
2. Principa Place of Business	2a. Mailing Address		4. FEI Number	Ar Ar	oplied For
21	26		65-011927	<i></i>	ot Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Ro	Additional equired
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip Country	Zip	Country	This corporation has liability for		
24 25	29	30	Florida Statutes	Yes No	199.032,
9. Name and Address of Currer		[10. Name and Address of New Re-		
MANGENEY, JOSEPH JAMES III		81 Name			
1844 NOB HILL ROAD		62 Street Add	Iress (P.O. Box Number is Not Acceptab	lo)	
SUITE 232		Silber Add	mess (1.0. box radinber is 140) Accepted		
PLANTATION FL 33322		83	:		
		84 City		- 85 Zip	Code
		J. J.	•	FL 85 Zip	0040
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	22 and 607.1508, Florida State	utes, the above-named cor	poration submits this statement for the publical's board of directors. I berety accept	urpose of changing it	ts registered
Unice or registered agent, or born, in the state	7 of Florida, South Change was	Florida Statutes	alon's board of directors. I hereby accep	it the appointment as	registered
agent I am familiar with, and accept the oblig	ations of, Section 607.0505, F	ioricia Otatatos.			
agent. I am familiar with, and accept the oblig SIGNATURE					
agent I am familiar with, and accept the oblig SIGNATURE Signature typed or printed name of registered age	ent and title it applicable (NC	OTE: Registered Agent signature requ		DATE	
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