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 # P96000079042

MAJESTIC FLOORING, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90037 022 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Flection Campaign Financing Trust Fund Contribution 8. This corporation owes the current year	Appl Not \$8.75 Ac Fee Req \$5.00 M Added to Intangible	lied For Applicable Iditional juired May Be
RUSKIN FL 33570 RUSKIN FL 33570 DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 09/24/1996 4. FEI Number 59-3406515 Suite, Apt. #, etc. 22 City & State City & State City & State Zip Country Zip Zip Country Zip Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be Fees
DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 09/24/1996 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Certificate of Status Desired 3. Certificate of Status Desired 4. FEI Number 59-3406515 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation owes the current year of Personal Property Tax. 9. Name and Address of Current Registered Agent 7. Name and Address of New Registere 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be Fees
22. Principal Place of Business 23. Mailing Address 24. FEI Number 59-3406515 Suite, Apt. #, etc. 25. Certificate of Status Desired 27. City & State 28. City & State 29. Zip 29. Zip 20. Country 24. 25. 29. 30. Personal Property Tax. 9. Name and Address of Current Registered Agent SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH 28. Mailing Address 4. FEI Number 59-3406515 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year to personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name SMITH, DANIEL M SR. 82 Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be Fees
2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State City & State Sip Country Zip Country Sip Suite, Apt. #, etc. City & State Signature Signatu	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be Fees
22 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country And Address of Current Registered Agent SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year to personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	Applicable dditional quired May Be Fees
21	\$8.75 Ac Fee Req \$5.00 N Added to Intangible	dditional quired May Be Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 28 Zip Country Zip Country 25 29 30 SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year of Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	Fee Req \$5.00 N Added to Intangible Yes [uired May Be Fees
City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 30 Registered Agent SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH City & State City & State City & State City & State Trust Fund Contribution 8. This corporation owes the current year to Personal Property Tax. Personal Property Tax. 10. Name and Address of New Registere 81 Name Street Address (P.O. Box Number is Not Acceptable)	Added to Intangible Yes [Fees
23	Intangible ☐ Yes [
Zip Country Zip Country 2 Personal Property Tax. 9. Name and Address of Current Registered Agent SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH 8. This corporation owes the current year of Personal Property Tax. 10. Name and Address of New Registered States of New Register	☐ Yes [□No
9. Name and Address of Current Registered Agent SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH 10. Name and Address of New Registere 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
SMITH, DANIEL M SR. 813 U.S. HWY 41 NORTH 82 Street Address (P.O. Box Number is Not Acceptable)		
813 U.S. HWY 41 NORTH		
		.
DUJKIN FL JOJ/U	71	11.1 (2.4.1)
1		
84 City	85 Zip C	òde
a magnification cultural to the number of th	of changing its r	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose 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 approach agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes:	pointment as reg	istered
SIGNATURE Signature broad or printed name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		 ∣
Signature, typed or printed name of registered agent and use in appixation.	AND DIRECTOR	RS IN 12
TIME PVTD DELETE 1.1 TITLE	Change	Addition
CANDLE DANIEL M.CD.		
AAA NO LIBRAY AA NI		
SINCEL ADDRESS		
TIME DELETE 2.1 TIME	Change	☐ Addition
NAME 2.2 NAME	*	}
2.2 CTREET ANDRESS		
	•	
STREET ADDRESS		
CITY-ST-ZIP 2.4 CITY-ST-ZIP	Change	Addition
2.4 City-St-Zip	Change	Addition
2.4 CITY-ST-ZIP	Change	Addition
2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		Addition Addition
2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP	Change .	Addition
2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 1.1 TITLE 1.1 TITLE 4.1 TITLE 4.2 NAME 5.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET		
2.4 CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change	Addition
2.4 CITY-ST-ZIP DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE	Change	Addition
2.4 CITY-ST-ZIP	☐ Change	☐ Addition
2.4 CITY-ST-ZIP	Change	Addition
2.4 CITY-ST-ZIP	☐ Change	☐ Addition

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.