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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

CITY-ST-ZIP

P96000082648 (2)

FLOOR CRAFTERS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address 3166 PEMBROKE RD. 3168 PEMBROKE RD. PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/07/1996</u> 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business RD 215 S.E. 65-0707215 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing DANIA 23 Trust Fund Contribution Added to Fees 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible USA Yes Personal Property Tax due June 30. 30 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FORTNEY, PHILLIP M 215 S.E. 3RD STREET Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33004** R3 Zip Code and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Electrical Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered for Section 607.0505, Florida Statutes. office or registered agent, or both, in the State agent. I am familia with and accept the oblig (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ■ Addition 1.1 TITLE TITLE FORTNEY, PHILLIP M NAME 1.2 NAME 215 S.E. 3RD STREET 1.3 STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

FILED Feb 18 1998 8:00am Secretary of State



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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.