

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P96000104370 (7)

1. Corporation Name
GENESIS FLOOR COVERINGS, INC.



Principal Place of Business
2081 GOLDEN GATE BLVD.
NAPLES FL 34120

Mailing Address
2081 GOLDEN GATE BLVD.
NAPLES FL 34120

3. Date Incorporated or Qualified 12/24/1996	3a. Date of Last Report
4. FEI Number 59-3417980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1585 C.R. 951 UNIT 6 Suite, Apt #, etc.	26 1585 C R 951 UNIT 6 Suite, Apt #, etc.
22 UNIT 6 City & State	27 NNIT 6 City & State
23 NAPLES FL	28 NAPLES FL
24 Zip 34116 Country COLLIER	29 Zip 34116 Country COLLIER

9. Name and Address of Current Registered Agent

ALEMAN, LUIS A
2081 GOLDEN GATE BLVD.
NAPLES FL 34120

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS*	1.1 TITLE	VT
NAME	ALEMAN, LUIS A	1.2 NAME	PETER J. HAVRAN PETER J.
STREET ADDRESS	2081 GOLDEN GATE BLVD.	1.3 STREET ADDRESS	4110 11TH AVE SW
CITY-ST-ZIP	NAPLES FL 34120	1.4 CITY-ST-ZIP	NAPLES FL 34116
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

4-30-97

941-352-9460

Date

Daytime Phone • 0018000

CR2E034 (9/96)