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, PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 🚰 Morthilim

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000104572 (8)

ISLAND FLOORING, INC.

Principal Place of Business

Mailing Address

## FILED Apr 17 1998 8:00am Secretary of State



6839 S. US 1 6839 S. US 1 PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1996 4. FEI Number Applied For 2a. Mailing Address 48065 4806 65-0722227 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State.
Ft Pierce 6. Election Campaign Financing \$5.00 May Be Horida  $\Box$ Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 25|St Lucie ☐ Yes Personal Property Tax due June 30. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent SAZANOW, PAMELA 1937 SE VANKLEFF AVENUE Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 City Zip Code 85 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. Tam lamplar with, and accept the obligations of, Section 607.0505, Florida Statutes. manou (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE SAZANOW, PAMELA Change 1.1 TITLE No Longer a 1937 SE VANKLEFF AUG. WHITE, SNOW NAME 1.2 NAME XIE, FL. 34952 1302 S.W. BARTELL AVE. stack holder STREET ADDRESS 1.3 STREET ADDRESS port st. lucie fl CITY-ST-ZIP 1.4 CtTY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE PAUL SAZANOW, 2.2 NAME UANKLEFF AUE LUGE, FL 34952 STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition RAYMOND NAME 32 NAME S US / 4806 STREET ADDRESS 3.3 STREET ADDRESS RIERCEL FL. 34982 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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, original and address.