05-10-1999 90262 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000012609

1. Corporation Name

DAZZLE FLOORS & MORE CO., INC.

	Teodie a mone oo, ma								
Principal Place	of Business	Mailing Address			(1001140011110	. I G IEL IGGEL GBERT GBERT GBERT GBE)	111 MAILE 1811 1881	
990-F PASCHAL PLACE 990-F PASCHAL PLACE									
SARASOTA FL 34232 SARASOTA FL 34232							DO NOT WIDITE IN THIS SPACE		
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
}						•	ted or Qualifed		
						02/06/1997			Anniad Fas
Principal Place of Business 2a. Mailing Address						4. FEI Number	•	<u> </u>	Applied For
21 26						65-0728580			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of St	atus Desired		Additional Required	
City & State		City & State			6. Election Campa	aign Financing	\$5.0	0 May Be	
23	•	28				Trust Fund Cor	ntribution	_Adde	d to Fees
Zip	p Country Zip			try		8. This corporatio	n owes the current year li	ntangible	
24	25 29 30					Personal Prope	erty Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Add	dress of New Registerer	d Agent	_
KUNCAITIS, VIOLETTA			L	B1	Name				
990-	F PASCHAL PLACE					dress (P.O. Box Numbe	r is Not Acceptable)		
SARASOTA FL 34232			[1	83					
				B4	City	·	F	85 Zi	p Code
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 Signature. Need or granted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
					. signature requir		ANGES TO OFFICERS	ND DIREC	TORS IN 12
12.		D DIRECTORS DELETE	1.1 TITL			ADDITIONS/CIT	ANGES TO OTT TOERS	Chang	
TITLE	P CTANIZINAC CINITALIDAC V	☐ DETr'IT		Tille		CITA WWW.AS	6-INTAUTAS	V.	
NAME	STANKUNAS, GINTAURAS V.					SIMARUMAZ	0	•	
STREET ADDRESS	990-F PASCHAL PLACE				ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP		- ZIP			Chang	e Addition
TITLE	DE		2.1 TITLE					L] Criang	e D'youron
NAME				2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		r-zip				
TTLE	_		3.1 TITL	3.1 TITLE				Chang	e
NAME	33		3.2 NAM	3.2 NAME					
STREET ADDRESS	RESS 3.3		3.3 STR	3.3 STREET ADDRESS					
CITY-ST-ZIP	·		3.4. CIT	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE 4.1		4.1 TITE	4.1 TITLE				Chang	e 🗌 Addition
NAME	4.		4, 2 NA	4. 2 NAME					
STREET ADDRESS			4.3 STR	EET	ADDRESS				
CITY-ST-ZIP			4.4 CITY	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	.E				Chang	e
NAME			5.2 NAN	Æ					
STREET ADDRESS			5.3 STR	EET.	ADDRESS				

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 for on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition