**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90161 042 \*\*\*150.00

**FILED** 

## DOCUMENT # P97000018182

1. Corporation Name

DIXIE FLOOR MAINTENANCE COMPANY

Princi	ipal Pla	ce of I	3usines
21578	LITTLE	BEAR	LN.

Mailing Address

21578 LITTLE REAR IN



	NATON FL 33428 BOCA RATON FL 33428		DO NOT WRITE IN THE CRA	ee.			
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		1 a 14 205 a 4 days			02/26/1997	Applied For	
2. Principal Place of Business		F- *			4. FEI Number	Applied For	
21		26			65-0740254	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5 Certificate of Status Desired	8.75 Additional Fee Required		
22	- Land to the state of the stat						
City & State					5.00 May Be		
23			710011 0110 0	Added to Fees			
Zip	Country		Zip Country		8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax		
24	25		july 1 change 1 change 1				
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CH IN	FILINGS, INC.						
	<b></b>		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	N.W. 16TH STREET						
FT. LAUDERDALE FL 33311-4132		83	8	•	İ		
84 City			FL 8	5 Zip Code			
						nging its registered	
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.							
agent. I ai	n familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statute	<b>.</b>			
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if annlicable (NOTE: Re	nistered Ans	ent signature require	d when reinstating) DATE		
12.		ID DIRECTORS	13.	,,, Digitalia Pagara	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	D	□ DELETE	1.1 TITLE				
	_		1.2 NAME		_		
NAME	WURSTER, WILLIAM K						
STREET ADDRESS							
CITY-ST-ZIP	BOCA RATON FL 33428	☐ DELETE	1.4 CITY-1	<u> </u>		Change	
TITLE					onlings		
NAME	WURSTER, CATHERINE M	2.2 NAME					
STREET ADDRESS			TADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428 2.4 CITY-ST-ZIP		ST-ZIP		<u> </u>		
TITLE	☐ DELETÉ . 3.1 TII		3.1 TITLE		Ц	Change	
NAME			3.2 NAME			,	
STREET ADDRESS			3.3 STREE	TADORESS		1	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS		ŀ	
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
			5.3 STRF	T ADDRESS			
STREET ADDRESS	•		5.4 CITY-	l l		ļ	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		П	Change	
TITLE	2		6.2 NAME		O	<b>~</b>	
NAME	-						
STREET ADDRESS	•		6.3 STREE	ET 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PWILLIAM WURSTE