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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS P97000027656 (2)

A.L. FLOORING INC.

Principal Place of Business Mailing Address 651 PINE DRIVE STE 108 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1997		
2, Principal Pla	ace of Business	2a. Mailing Addres	 SS			4. FEI Number Applied For	r
21		26	26			650742782 Not Applica	ıble
Suite, Apt. #, etc.		Suite, Apt. #, e				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	— —	Country		8. This corporation owes or has paid the current year Intangible	
24			29 30			Personal Property Tax due June 30. L Yes No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
LEBLANC, ALEX 651 PINE DRIVE STE 108 POMPANO BEACH FL 33062				81 82 83	Name Street Add	dress (P.O. Box Number is Not Acceptable)	
I office or re	o the provisions of Sections 60 ogistered agent, or both, in the n familiar with, and accept the c	State of Florida. Such changi	e was autho	rized by	the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	red d
SIGNATURE		•				pred whos reinstalligat DAT.	
	Stgnature Typed or prieted name of registered agent and tice Papplicable (NO OFFICERS AND DIRECTORS			Registered Agont's gnature requ		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	Orroca	DELE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ilion
NAME	LEBLANC, ALEX			1.2 NAME			,,,,,,
SIREET ADDRESS	651 PINE DRIVE STE 108			1.3 STREET ADDRESS			
	POMPANO BEACH FL 33062						
CITY-ST-ZIP TITLE	DELETE			1.4 CITY - ST - ZIP 2.1 TITLE		Change Addi	ition
1		Ditt.10		2.2 NAME		Change Carlotte	11011
NAME							
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addi	ilion
l · - · I				3.2 NAME		_ onlings _ reco	
NAME					IDDDC00		
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP		DELE		3.4. CHY-5	SI-ZIP	Change Addi	ition
TITLE				4.1 TITLE a. o bearde		Change Add	ווטוו .
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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, or on an attachment with an address.

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

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Change

Change

Addition

Addition

FILED

Apr 14 1998 8:00am

Secretary of State

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