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PROFIT CORPORATION ANNUAL REPORT

1999.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033688

rincipal Place of Business	Mailing Address
12111 DARBY ROAD	32111 DARBY ROAD
DADE CITY FL 33525	DADE CITY FL 33525

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90178 012 ***150.00

SCHARB	ER FLOORING, INC.									
Principal Place	e of Business	Mailing Addres	SS				I ABBARBON RAD ADAM		100 ililat kirin İstrar	1018) 1011 1881
32111 DARBY ROAD DADE CITY FL 33525 32111 DARBY ROAD DADE CITY FL 33525						DO NOT WRITE IN THIS SPACE				
						Ì	3. Date Incorporated or Qu			
						İ	04/14/1997	•		
2. Principal Pl	lace of Business	2a. Mailing Ad	dress				4. FEI Number		Ap	plied For
21		26					<u>59-3449365</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certifcate of Status Desi	red 🗆	\$8.75 / Fee Re	
City & State	e	City & Stat	e				6. Election Campaign Fina	ncing .	\$5.00	May Be
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip		Countr	у		8. This corporation owes the	e current year		
24	25	29	36	D		ļ	Personal Property Tax.	. =	¥Yes	□No
	9. Name and Address of Curr	rent Registered Agen	<u>t</u>		<u> </u>		10. Name and Address of	New Registere	d Agent	
ecu.	ARBER, JOHNNY			8	1 Name		•			
	I1 DARBY ROAD			8:	2 Street	Addres	s (P.O. Box Number is Not A	cceptable)		
	E CITY FL 33525			8:						- ·
טאט	E 01111E 00020			0	3					
	to the provisions of Sections 607.0			8-	1			F	L	Code
agent. I a	im familiar with, and accept the obl	ligations of, Section 60	7.0505, Florid	a Statute	ss.		's board of directors. I hereby			
SIGNATURE	im familiar with, and accept the obling standard street street in the st	ligations of, Section 60	7.0505, FIORG	a Statute	es. 		when reinstating) ADDITIONS/CHANGES	DATE		
=	im familiar with, and accept the obling standard street street in the st	agent and title if applicable. AND DIRECTORS	7.0505, FIORG	a Statute	ent signature r		when reinstating)	DATE		
SIGNATURE	Im familiar with, and accept the obling Signature, typed or printed name of registered. OFFICERS	agent and title if applicable. AND DIRECTORS	7.USUS, FIORO	egistered Ag	ent signature r		when reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered of PD SCHARBER, JOHNNY	agent and title if applicable. AND DIRECTORS	7.USUS, FIORO	egistered Ag 13. 1.1 TITLE 1.2 NAME	ent signature r		when reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY	agent and title if applicable. AND DIRECTORS	7.USUS, FIORO	egistered Ag 13. 1.1 TITLE 1.2 NAME	ent signature r		when reinstating)	DATE	AND DIRECTO	PRS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY 32111 DARBY ROAD	agent and title if applicable. AND DIRECTORS	7.USUS, FIORO	egistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature r ET ADDRESS ST-ZIP		when reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY 32111 DARBY ROAD DADE CITY FL 33525 VSD SCHARBER, COLLEEN	agent and title if applicable. AND DIRECTORS	(NOTE: R	egistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature r		when reinstating)	DATE	AND DIRECTO	PRS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY 32111 DARBY ROAD DADE CITY FL 33525 VSD SCHARBER, COLLEEN 32111 DARBY ROAD	agent and title if applicable. AND DIRECTORS	(NOTE: R	a Statute gistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature r		when reinstating)	DATE	AND DIRECTO	PRS IN 12 ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY 32111 DARBY ROAD DADE CITY FL 33525 VSD SCHARBER, COLLEEN	agent and title if applicable. AND DIRECTORS	(NOTE: R. DELETE DELETE	a Statute egistered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent signature r ET ADDRESS ST-ZIP EET ADDRESS -ST-ZIP		when reinstating)	DATE	AND DIRECTO Change	PRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered: OFFICERS PD SCHARBER, JOHNNY 32111 DARBY ROAD DADE CITY FL 33525 VSD SCHARBER, COLLEEN 32111 DARBY ROAD	agent and title if applicable. AND DIRECTORS	(NOTE: R	9 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature r ET ADDRESS ST-ZIP EET ADDRESS -ST-ZIP		when reinstating)	DATE	AND DIRECTO	PRS IN 12 ☐ Addition
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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 appears with all other like empowered.

SIGNATURE: