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 # P97000062693 (1)

FLOORXPERTS, INC.

Mailina Astalanas

FILED
May 11 1998 8:00am
Secretary of State

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Fillicipal Hace of business			Mailing Address					
201 N. FEDERAL HIGHWAY. SUITE 111 DEERFIELD BEACH FL 33441			201 N. FEDERAL HIGHWAY, SUITE 111 DEERFIELD BEACH FL 33441					
			pacifical periorita outil				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							07/18/1997	
201 N. FEDERAL HIGHWAY. SUITE 111 201 N. FEDERAL DEERFIELD BEACH 22. Principal Place of Business 22. A Mailing Address 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. City & State 26. City & State 27. City & State 28. Zip 29. Name and Address of Current Registered Agent NECELA, FRANK B 201 N. FEDERAL HIGHWAY, SUITE 111 DEERFIELD BEACH FL 33441 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florid office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.0503. SIGNATURE SIGNATURE SIGNATURE 12. OF FICE RS AND DIRE CTORS TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DELATION							4. FEI Number Applied For	
21		26	26				65-079-9292 Not Applicable	
	#. elc.		te. Apt. #. etc.				SR 75 Additional	
22		<u> </u>					5. Certificate of Status Desired Fee Required	
City & State	Э	City	y & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	,	Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29		30			Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curre		d Agent				10. Name and Address of New Registered Agent	
ME	CELA EDANIZ D				81	Name		
		E 111		ŀ	82	Street Ad	idress (P.O. Box Number is Not Acceptable)	
DE	ERFIELD BEACH FL 33441			,	_			
				ŀ	83			
				•	84	City	85 Zip Code	
				İ	-		FL S Lip S S	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statu	ites, the at	ove	named co	orporation submits this statement for the purpose of changing its registered	
office or r	e gistere d agent, or both, in the State or familiar with land accord the obli	e of Florida. S	Such change was ation 607 0505. Fi	authorized Iorida Stati	d by	the corpor	ration's board of directors. I hereby accept the appointment as registered	
_	readminer with, and accept the con-	ganons or, de	CROIT 607.0300, 11	ionga stati	uics).		
	Signature, typed or printed name of registered as	pert and title it app	ocable (NO	1E: Registered	Age	ni sionalure rec	quired when reinstating) DATE	
				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
			DELETE	1.1 707	LE.		Change Addition	
	•		-	1.2 NA				
		CHITE 111		•		ADDRESS		
	DECRITECO BEACTITE 3344	1	DELETE	1.4 CIT 2.1 TIT		1 - 2117	Change Addition	
			section	2.2 NA			C. Ottolige C. Radillott	
					-	100000		
						ADDRESS		
			DELETE	2. 4 CI		ST - ZIP	Change Addition	
			C percie	3.1 1(1			☐ Change ☐ Addition	
i i				3.2 NA		1		
STREET ADDRESS	e.c					ADDRESS		
CITY-ST-ZIP			C priere	3.4. CI		IT-ZIP	[] Law.	
TITLE			DELETE	4.1 T(T			Change Addition	
NAME				4. 2 NA				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.4 CIT		1-ZIP		
TITLE			DELETE	5.1 TIT	LE	ŀ	Change Addition	
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 STI	REET	ADDRESS		
CITY-ST-ZIP				5.4 CIT	Y-\$1	1 - 21P		
TITLE			DELETE	6.1 TIT	LF		Change Addition	
NAME				6.2 NA	ME			
STREET ADDRESS				6.3 STI	REET	ADDRESS	•	
CITY-ST-ZIP				6.4 CIT	Y-\$1	T-ZiP		
				, ,			Control (40 07/07/2) Francis Out to 14 all and 14 all and 15 all a	

4. 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 armual report is frue 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.

IONATURE AL PENON

1/17/05 054

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