


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000067594 (6) 1. Corporation Name ARTISTIC HARDWOOD FLOORING CO.		



Principal Place of Business 2037 LONGVIEW DRIVE TALLAHASSEE FL 32303	Mailing Address 2037 LONGVIEW DRIVE TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5678 Split Oak Lane Suite, Apt. #, etc. 22 City & State 23 Tallahassee, Florida Zip 24 32303 Country 25 Leon		2a. Mailing Address 26 5678 Split Oak Lane Suite, Apt. #, etc. 27 City & State 28 Tallahassee, Florida Zip 29 32303 Country 30 Leon		3. Date Incorporated or Qualified 08/05/1997 4. FEI Number 593461749 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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8. Name and Address of Current Registered Agent SULLIVAN, JEREMY B 2037 LONGVIEW DRIVE TALLAHASSEE FL 32303		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5678 Split Oak Lane 83 84 City Tallahassee FL 85 Zip Code 32303	
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Jeremy B. Sullivan
STREET ADDRESS		1.3 STREET ADDRESS	5678 Split Oak Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Steve Carter
STREET ADDRESS		2.3 STREET ADDRESS	Pt. 1 Box 224B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Quincy, FL 32351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael J. Sullivan
STREET ADDRESS		3.3 STREET ADDRESS	5678 Split Oak Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600002511886
STREET ADDRESS		6.3 STREET ADDRESS	-05/05/98--01130--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE

Signature

4/22/97 080-1245

CR2E034 (10/97)