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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90016 043 ***150.00

	. 1
DOCUMENT #	P97000075074
DOCOMERT "	P9/0000/00/4

1. Corporation Name

FLOOR L	.OGIC, INC.				
		- <u>~</u>			
Principal Place	e of Business	Mailing Address		the same of the sa	
555 COLORADO		C/O RALPHÍA. BUCHMAN 2301 SW W ST		·	
STUART FL 349	250	PORT ST. LUCIE FL 34984		DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualifed	
				08/29/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	/ /	4. FEI Number Applied For	
21 55	16 N. University		10, vers		
Suite, Apt. :	#, etc. On, ve	Suite, Apt. #, etc.	DUS	5. Certificate of Status Desired	
City & State		Cjty & State		6 Floation Comparing Stonaging \$5.00 May Po	
~	rise _ FL_	28 Surrise	FC	Trust Fund Contribution Added to Fees	
Zip	Country	Zig	Country	8. This corporation owes the current year Intangible	
24 333	51 25 U.S.A.	29 33351 30	1 US/		
	9. Name and Address of Current I	Registered Agent	04 1	10. Name and Address of New Registered Agent	
CDA	DV I ANA/DENCE E III		81 Name	Toec (TOLDMACHER	
	RY, LAWRENCE E III		82 Street	Address (P.O. Box Number is Not Acceptable)	
	Colorado avenue E one		83	396 N. UNIVERSITY DRIVE	
	ART FL 34995		63	<u></u>	
0.0,	117 12 04000		84 City (FL 85 Zip Code 333357	
11. Pursuant t	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	
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. 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.					
	III familias with, and accept the congard			Golginseinen 1/12/99	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature re	equired when reinstating)	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	Change Addition	
NAME	MASCARI, JERRY		1.2 NAME	3396 N. University Drive	
STREET ADDRESS	2301 SE WEST ST		1.3 STREET ADDRESS	Super (5) 33351	
CITY-ST-ZIP	PORT ST. LUCIE FL 34995	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TV P / COCA: NChange Addition	
TITLE NAME	D Buchman, Ralph A.		2.2 NAME	Surviver (= 3335) V. P. / Secn. Schange Addition Joec Gormanten 3396 / U. University Onive	
STREET ADDRESS	2301 SE WEST ST		2.3 STREET ADDRESS	3396 10. University 11110	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		2. 4 CITY-ST-ZIP	$ S \cup A \cap C \cup C$	
TITLE		☐ DELETE	3.1 TITLE	U. C. □ Change CAddition	
NAME			3.2 NAME	Bernie Mantiner Dare	
STREET ADDRESS			3.3 STREET ADDRESS	U.P. Change Addition Berrie Mantinez 3396 N. University Dr. 14	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Sunnise 19 53531	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY-ST-ZIP		□ or err	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	. Enange C Addition	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP	_	
CITY-ST-ZIP					

CITY-ST-ZIP 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 of the receiver of 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Addition

Change