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

PROFIT CORPORATION ANNUAL REPORT

1998

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大学 100 mm 100

《经理院院》(19) "我们看着我们会说,但有我们是我们是我们的,并让你们,我看到我们的事情,我是我们的,他看着我们,我们也是这个人的,我们也是这一个人的,我们



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700084025 (
FLOOR COVERING ASSOCIATES OF AMERICA, INC. P97000084025 (0)

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Busin	Mailing Address	Mailing Addroce				
•						
10194 NW 47 STREET SUMRISE FL 33351		10194 NW 47 STREET SUNRISE FL 33351				
OCHWICE TE GOOT		OUNIOC IE DOO	J 1			DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualified 09/29/1997
2. Principal Place of Bu	sinoss	2a. Mailing Address				4. FEI Number Applied For
21		26				59-267-906.5 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zφ	ļq	ountry	•	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				81	-	10. Name and Address of New Registered Agent
NASH, SY				0'	Name	
C/O C. F. I				Street	Address (P.O. Box Number is Not Acceptable)	
10194 NW 4		<u>i_i_</u>				
Sunrise Fl	. 33351			83		
				84	City	■ 85 Zip Code
				<u> </u>	L	FL S Z Code
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or profiled name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, tyr	of FICERS AND		(NOTE: Hogisle		ent signature	e required when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	OFFICE NO AND	DE		TITLE		Change Addition
NAME NASH	SY		•	NAME		
	10194 NW 47 STREET				ADDRESS	
	ISE FL 33351		1	CITY-S		
TITLE	100 12 00001	DE		TITLE	II-ZIF	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	♠
CITY-ST-ZIP						,
TITLE		DEI DEI		CITY - S	51-ZIP	Change Addition
NAME				NAME		Change C Addition
STREET ADDRESS			1		ADDRESS	
-						
CITY-ST-ZIP TITLE		□ DEI		CITY-5	SI-ZIP	Change Addition
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NAME CYDECT ADDOCCO					*DDDCc^	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DEL		CITY-S TITLE	1-ZIP	Change Addition
1		ביין אנו		NAME		T CHANGE T MONITON
NAME ATTACK ADDRESS					4 D.D.D.C.C.C	
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP		□ DE		CHY-S	1 - ZIP	Change Addition
TITLE		Uti		TITLE		LJ Criange LJ Addition
NAME			li li	NAME		
STREET ADDRESS			•		ADDRESS	
CfTY-ST-ZIP	the information number wi	th this files does not		CITY - S	T-ZIP	od in Contino 110 07/3V)) Florido Stol. too 1 fuelbor contit. that the information

rimetery certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 other attachment with an address.

SIGNATURE: