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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000086258 (5) DOCUMENT #

J. HAMWAY FLOORING, INC.

Mailing Address Principal Place of Business 3200 NW 23RD AVE. SUITE 400 3200 NW 23RD AVE. SUITE 400 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible Zip 30 Personal Proporty Tax due June 30. ☐ Yes □ No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name THIRER, MARTIN 1475 W CYHPRESS CREEK RD **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 FT LAUDERDALE FL 33309 84 City 85 Zip 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. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NO1E Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE HAMWAY, JAMES 1.2 NAME NAME STREET ADDRESS 3200 NW 23RD AVE. SUITE 400 1.3 STREET ADDRESS POMPANO BEACH FL 33069 14 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Addition DELETE 61 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 of 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 address. Long Hamps 01-07-98 95119731983

6.4 CITY - ST- ZIP

FILED

Jan 20 1998 8:00am

Secretary of State