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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra 9. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094340 (1)

LONG ISLAND FLOORING, INC.

Principal Place of Business Mailing Address							
8274 GRIFFIN ROAD DAVIE FL 33328		8274 GRIFFIN ROAD DAVIE FL 33328				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified			
						11/04/1997	
2. Principal Place of Business 2a, Mailing Address			\$			4. FEI Number Applied For	
21		26				65-0792363 Not Applicable	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	
City & State City & S			State			6. Election Campaign Financing \$5.00 May Be	
23	1 0	28	Zip Country			Trust Fund Contribution	
Zip 24	Country 25					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
KUDEREWSKI, MICHAEL				81	Name		
8274 GRIFFIN ROAD DAVIE FL 33328				82	Street Addre	eel Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL 85 Zip Code	
office of	nt to the provisions of Sections 607.05 or registered agent, or both, in the Stat I am familiar with, and accept the obli	le of Florida. Such change:	was authorized	yd b	the corporation	ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATUR	E Signature, typed or printed name of registered a	gent and litto if applicable.	(NOTE Registered	Aper	nt signature required	5 when reinstaling) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETÉ 11		É 1110	LE		Change Addition	
NAME KUDEREWSKI, MICHAEL 12 N				ME		· —	

8274 GRIFFIN ROAD 1.3 STREET ADDRESS STREET ADDRESS **DAVIE FL 33328** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THTLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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 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 or an adchiment with of adolption.

SIGNATURE:

1/14/98 (954)720-14

FILED

Jan 29 1998 8:00am

Secretary of State