

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

FILED  
Feb 24 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 # P97000108891 (7)  
1. Corporation Name  
CONCRETE FLOOR RESTORATION COMPANY



Principal Place of Business Mailing Address  
12739 N. MAIN STREET 12739 N. MAIN STREET  
JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/29/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 P.O. Box 350045	59-3486630	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 32235-0045	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	Yes No
25	30 DUVAL		

9. Name and Address of Current Registered Agent

CHRISTIAN, GARY I  
3100 UNIVERSITY BOULEVARD SOUTH  
SUITE 101  
JACKSONVILLE FL 32216

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 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	D	1.1 TITLE	V. PRESIDENT
NAME	METLIKA, KATHY S	1.2 NAME	METLIKA, BRIAN
STREET ADDRESS	4447 BEACON DRIVE W.	1.3 STREET ADDRESS	5501 UNIVERSITY CLUB DR #201
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE		2.1 TITLE	SEC. TREAS
NAME		2.2 NAME	METLIKA, ROBERT
STREET ADDRESS		2.3 STREET ADDRESS	4447 BEACON DR W
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 on an attachment with an address.

CR2E034 (1097)