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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000032923			
1. Corporation Name TRANSFLOOR ENTERPRISE, INC			
Principal Place of Business %BRAKE & CLUTCH 4410 N. LOIS STREET TAMPA FL 33614		Mailing Address %BRAKE & CLUTCH 4410 N. LOIS STREET TAMPA FL 33614	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4410 N LOIS ST Suite, Apt. #, etc. 22 TAMPA FL City & State 23 33614 HILLSBOROUGH Zip Country		2a. Mailing Address 26 4410 N LOIS ST Suite, Apt. #, etc. 27 TAMPA FL City & State 28 33614 HILLSBOROUGH Zip Country	
3. Date Incorporated or Qualified 04/09/1998		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HART, DAVID J 100 N. BISCAYNE BLVD. STE. 2600 MIAMI FL 33132		10. Name and Address of New Registered Agent 81 Name BRANDO H PISTORIUS 82 Street Address (P.O. Box Number Not Acceptable) 83 4410 N LOIS ST 84 City TAMPA FL 85 Zip Code 33614	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NO E: Registered Agent signature required when re-stating)		DATE 05/14/99	
12. OFFICERS AND DIRECTORS TITLE OF PRESIDENT <input type="checkbox"/> DELETE NAME PISTORIUS, BRANDO STREET ADDRESS 4410 N. LOIS STREET CITY-ST-ZIP TAMPA FL 33614		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]* **BRANDO H PISTORIUS** **05/14/99** (513) 917 9205
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)