

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90027 047 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000038844 ✓

1. Corporation Name

AMERICAN FLOOR SERVICE INC

Principal Place of Business

19321-C US HWY 19 N  
SUITE 601  
CLEARWATER FL 33764

Mailing Address

19321-C US HWY 19 N  
SUITE 601  
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

59-3511257

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 715 E LIME ST 510  
Suite, Apt. #, etc.

2a. Mailing Address

26 715 E LIME ST 510  
Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS FL

City & State

28 TARPON SPRINGS FL

Zip Country

24 34689

25

Zip

29 34689

Country

30

9. Name and Address of Current Registered Agent

MARY GAWRON

19321-c US HWY 19 N STE 601  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

VICTOR RAMIREZ

82 Street Address (P.O. Box Number is Not Acceptable)

715 E LIME ST 510

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

04/29/99

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

12  
TITLE P  
NAME RAMIREZ VICTOR ☐ DELETE  
STREET ADDRESS 715 E LIME ST 510  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

CR2E034 (11/98)

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:

*Victor Ramirez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

Date

Daytime Phone