

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000046598**

1. Corporation Name

ATLANTIC FLOORING BROKERS OF HOLLYWOOD, INC.

Principal Place of Business

1729 JEFFERSON ST.
HOLLYWOOD FL 33020

Mailing Address

1729 JEFFERSON ST.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

65-0838898

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEAUCAGE, DANIEL
1729 JEFFERSON ST.
HOLLYWOOD FL 33020

See New Address

10. Name and Address of New Registered Agent

81 Name

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

Daniel Beaucage
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/99

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **DANIEL BEAUCAGE**

STREET ADDRESS **2201 S. OCEAN DRIVE #204**

CITY-ST-ZIP **HOLLYWOOD, FL. 33019**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

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.

SIGNATURE:

Daniel Beaucage
Signature typed or printed name of signing officer or director

7/7/99

954-927-2898

Date

Daytime Phone #

CR2E034 (5/99)

0062889

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90002 022 ***150.00



595816-90002-22
 198000046598

PLEASE BE SURE TO DEDUCT CHARGES THAT AFFECT YOUR ACCOUNT

ITEM NO. OR TRANS. CODE	DATE	TRANSACTION DESCRIPTION	SUBTRACTIONS AMOUNT OF PAYMENT OR WITHDRAWAL (-)	(-) FEE IF ANY	ADDITIONS AMOUNT OF DEPOSIT OR INTEREST (+)	BALANCE
1060	3/10	Payee Debit Card DISBURSEMENT	800.00	✓ 3/10		1774.39
1061	3/10	Payee Debit Card REIMBURSEMENT Feb-99	940.00	✓ 3/10		974.39
1062	3/10	Payee Debit Card DISBURSEMENT	500.00	✓ 3/10		34.18
1063	3/30	Payee Debit Card CMT ACCOUNT	35.00	✓ 3/30	2800.00	2834.18
1064	3/30	Payee Debit Card FUND & TRANSFER	540.00	✓ 3/31		2294.18
1065	3/30	Payee Debit Card RECEIPT FROM	410.53	✓ 4/2		1753.65
1066	4/5	Payee Debit Card DISBURSEMENT	1200.00	✓ 4/5		187.65
1067	4/5	Payee Debit Card POSTMASTER	33.00	✓ 4/7	800.00	937.65
1068	4/5	Payee Debit Card DETACHMENT OF STATE	150.00			904.65
1069	4/10	Payee Debit Card DISBURSEMENT		✓ 4/12	2000.00	742.65
1070	4/15	Payee Debit Card DISBURSEMENT		✓ 4/15	800.00	2742.65
1071	4/15	Payee Debit Card DISBURSEMENT		✓ 4/15		3342.65
1072	4/15	Payee Debit Card DISBURSEMENT		✓ 4/15		2042.65
1073	4/15	Payee Debit Card DISBURSEMENT		✓ 4/15		1987.15