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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089317

1. Corporation Name

BK'S VINYL FLOORS, INC.

Principal Place of Business	Mailing Address
275 SW 46TH AVENUE #2213 OMPANO BEACH FL 33069	1275 SW 46TH AVENUE #2213 POMPANO BEACH FL 33069
Principal Place of Business	2a. Mailing Address
1	
<u> </u>	Suite, Apt:#, etc
Suite, Apt:#, etc.	
Suite, Apt:#, etc.	Suite, Apt:#, etc
Suite, Apt:#, etc:	Suite, Apt:#, etc
Suite, Apt: #, etc.	27 City & State

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90018 004 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/20/1998 FEI Number Applied For 65-0870660 Not Applicable \$8:75 Additiona 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NOFIL, JOSEPH K CPA 82 Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 83 Zip Code 84 City 85 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition **PSTD** 1.1 TITLE TITLE KANAR, BLAKE 12 NAME NAME 1275 SW 46TH AVENUE #2213 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 2.1 TITLE ΠΠE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE. TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)