


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90139 033 ***150.00

0449091

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000095825

1. Corporation Name
HERITAGE FLOORING SYSTEMS OF FORT MYERS, INC.

Principal Place of Business
 13891 JETPORT LOOP SUITE 17
 FORT MYERS FL 33913

Mailing Address
 13891 JETPORT LOOP SUITE 17
 FORT MYERS FL 33913



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1998

4. FEI Number
65-0874841

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
 Suite, Apt. #, etc. 22

2a. Mailing Address
 26 **418 S. Military Trail**
 Suite, Apt. #, etc. 27

City & State
 23
 City & State 28 **Deerfield Beach FL**

Zip Country
 24
 Zip 25 **33442** Country 30 **USA**

9. Name and Address of Current Registered Agent
CHAMBERLAND, MARC J
410 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
 81 Name **Marc J. Chamberland, P.O.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **418 S. Military Trail**
 83
 84 City **Deerfield Beach FL** 85 Zip Code **33442**

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 *Marc J. Chamberland* **MARC J. CHAMBERLAND** **PRESIDENT** **1/18/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CHAMBERLAND, MARC J	1.2 NAME	P.S. MARC CHAMBERLAND
STREET ADDRESS	1112 WESTON ROAD SUITE 221	1.3 STREET ADDRESS	418 S. Military Trail
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	1.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP KENNETH HERRER
STREET ADDRESS		2.3 STREET ADDRESS	418 S. Military Trail
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Deerfield Beach FL 33442
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP PAUL CRETELLA
STREET ADDRESS		3.3 STREET ADDRESS	VP 13891 Jetport Loop Suite 17
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Myers FL 33913
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VP KEVIN UOGEC
STREET ADDRESS		4.3 STREET ADDRESS	13891 Jetport Loop Suite 17
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Myers FL 33913
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Marc J. Chamberland* **MARC J. CHAMBERLAND** **PRESIDENT** **1/18/99** **(954) 481-2301**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)