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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000095829

1. Corporation Name
HERITAGE FLOORING SYSTEMS OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
 11251 BUSINESS PARK BLVD. UNIT 7 JACKSONVILLE FL 32808
 11251 BUSINESS PARK BLVD. UNIT 7 JACKSONVILLE FL 32808

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|-----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | 418 S. Military Trail | 11/13/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0874898 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | Deerfield Beach FL | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | |
| 24 | 25 | 29 | 33472 USA | 30 | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 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 | | | | 10. Name and Address of New Registered Agent | | | |
| CHAMBERLAND, MARC J 410 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 | | | | 81 Name | MARC J. CHAMBERLAND, P.A. | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 418 S. Military Trail | | |
| | | | | 83 | | | |
| | | | | 84 City | Deerfield Beach | FL | 85 Zip Code |
| | | | | | | | 33472 |

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 Chamberland, President* DATE 1/19/99

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 | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | PS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CHAMBERLAND, MARC J | | | 1.2 NAME | MARC J. 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 33472 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | | 2.2 NAME | Kenneth Henkle | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | 418 S. Military Trail | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | Deerfield Beach FL 33472 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | PATRICK MONROE | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | 11251 Business Park Blvd. | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | UNIT 7 JACKSONVILLE FL 32808 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| 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 Chamberland, President* DATE 1/19/99 (954) 481-2301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1998)