

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

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

03-02-1999 90127 045 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000095863**

1. Corporation Name  
**HERITAGE FLOORING SYSTEMS OF TAMPA, INC.**

Principal Place of Business  
 1212 39TH ST NORTH SUITE 444  
 TAMPA FL 33605

Mailing Address  
 1212 39TH ST NORTH SUITE 444  
 TAMPA FL 33605



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/13/1998**

4. FEI Number  
**65-0874845**

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 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 **418 S. Military Trail**  
 27 Suite, Apt. #, etc.  
 28 **Deerfield Beach, FL**  
 29 Zip Country  
 30 **33442 USA**

g. 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.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 Chamberland, President* DATE **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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAMBERLAND, MARC J</b>	
STREET ADDRESS	<b>1112 WESTON RD STE. 221</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33331</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARC CHAMBERLAND</b>	
1.3 STREET ADDRESS	<b>418 S. MILITARY TRAIL</b>	
1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KENNETH HERZEL</b>	
2.3 STREET ADDRESS	<b>418 S. MILITARY TRAIL</b>	
2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HERMAN GEAZER</b>	
3.3 STREET ADDRESS	<b>1212 39TH STREET NORTH SUITE 444</b>	
3.4 CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Marc Chamberland, President* DATE **1/18/99** DAYTIME PHONE # **(954) 481-2301**

CR/E034 (1/198)