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USAPO/00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000095870**

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



Principal Place of Business: 4424 SEABOARD ROAD STE. F ORLANDO FL 32808
 Mailing Address: 4424 SEABOARD ROAD STE. F ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1998**
 4. FEI Number: **65-0874847**
 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 Tax: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 **418 S. Military Trail**
 Suite, Apt. #, etc.: 27
 City & State: 23 **Deerfield Beach, FL**
 Zip: 24 **33442** Country: 25 **USA**

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D CHAMBERLAND, MARC J
STREET ADDRESS	1112 WESTON ROAD SUITE 221
CITY-ST-ZIP	FORT LAUDERDALE FL 33326
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/S Marc Chamberland
1.3 STREET ADDRESS	418 S. Military Trail
1.4 CITY-ST-ZIP	Deerfield Beach FL 33442
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Kenneth Henne
2.3 STREET ADDRESS	418 S. Military Trail
2.4 CITY-ST-ZIP	Deerfield Beach FL 33442
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP Frank Maza
3.3 STREET ADDRESS	2698A Darnelle Drive
3.4 CITY-ST-ZIP	ORLANDO FL 32808
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP James Barnett
4.3 STREET ADDRESS	2698A Darnelle Drive
4.4 CITY-ST-ZIP	ORLANDO FL 32808
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: *[Signature]* **Marc Chamberland, President** 1/19/99 (954) 481-2301
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)