

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **S02861** (0)

1. Corporation Name
TOTAL FLOORING CONTRACTORS, INC.



Principal Place of Business 10276 SPRINGTREE LAKE DR SUNRISE FL 33351 US	Mailing Address 4933 NW 96 TERRACE SUNRISE FL 33351-5125 US
--	---

3. Date Incorporated or Qualified 09/27/1990	3a. Date of Last Report 02/07/1996
--	--

2. Principal Place of Business 21 10276 NW 47 ST Suite, Apt. #, etc.	2a. Mailing Address 26 10276 NW 47 ST Suite, Apt. #, etc.
---	--

4. FEI Number 65-0291558	Applied For ☐ Not Applicable
------------------------------------	--

22 City & State 23 Sunrise FL	27 City & State 28 Sunrise FL
---	---

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 Zip 33351	25 Country Brow.	29 Zip 33351	30 Country Brow
------------------------	----------------------------	------------------------	---------------------------

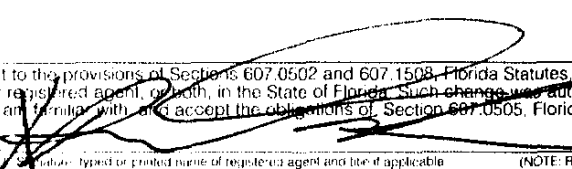
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**SCAVONE SR, ROBERT
4933 NW 96 TERRACE
SUNRISE FL 33351**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
--

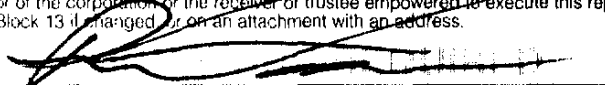
10. Name and Address of New Registered Agent	
81 Name Robert M Russo	
82 Street Address (P.O. Box Number is Not Acceptable) 10276 NW 47 ST	
83	
84 City Sunrise	85 Zip Code FL 33351

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: **3-4-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCAVONE SR, ROBERT	1.2 NAME	
STREET ADDRESS	4933 NW 96 TERRACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	SUNRISE FL	1.4 CITY- ST- ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	RUSO, ROBERT	2.2 NAME	
STREET ADDRESS	6220 NW 77 TERRACE	2.3 STREET ADDRESS	10276 NW 47 ST
CITY- ST- ZIP	PARKLAND FL	2.4 CITY- ST- ZIP	Sunrise FL 33351
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:  DATE: **2-6-97** Daytime Phone #: **954-572-0414**

CR2E034 (9/96)