FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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(2)

DUTCH	FLOORING BROKERS, I	INC.						
Principal Place (ILL RD	Mailing Address 1844 N NOBHILL RD 287 PLANTATION FL 33322						
PLANTATION I US	rt 33322	US US				 Date Incorporated or Qualified 11/02/1990 	3a. Date of Last 08/08/19	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	00,00,1	Applied For
21		26				65-0227956		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Cou	ntry	 	8. This corporation has liability for		
24	25	29	30			Florida Statutes Yes 10. Name and Address of New F		
	9, Name and Address of Cur	rent negistered Agent		81	Name	IU, ITAINO AILU MUUIDSS VI ITAW F	infligion on Wholl	
WIIBMS	JACQUES			82		dress (P.O. Box Number is Not Acceptate	7le)	
	UTH UNIVERSITY DRIVE, NO	. 258		DZ	Street Au	dress (1.0. Box Normal is Not Acceptate		
	DERDALE FL 33328			83				
				84	City		FL 85	Zip Code
or registere familiar with SIGNATURE	o the provisions of Sections 607.01 ed agent, or both, in the State of F h, and accept the obligations of, S Signature, typed or printed name of registered a	lorida. Such change was authorized ection 607.0505, Florida Statutes.	d by the t	orpo	oration's bo	oration submits this statement for the pu and of directors. I hereby accept the app ited when renstating	rpose of changing to pointment as register	ed agent. I am
12.		AND DIRECTORS	13.	A-Green	i sigriatura rado	ADDITIONS/CHANGES TO OFF		TORS IN 12
1111.6	D	☐ DELETE	1 1 11	TLE			☐ Chang	
NAME	WURMS, JACQUES		1.2 NA	ME	ļ			
STREET ADORESS	4801 S N NOBHILL RD 28	7	1.3 \$1	REET	ADDRESS			
CITY - ST - ZIP	PLANTATION FL		1.4 Cf		T - ZIP			e Addition
TITLE		DELETE	2. 1 TI				Chang	e [] voginali
NAME			2 2 NA		ADDRESS			
STREET ADDRESS			2.3 ST					
CHTY+ST+ZiP TITLE		☐ DELETE	3.11		1-211		Chang	e 🔲 Addition
NAME		_	3.2 NA	ME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY - ST - ZIP			3.4 CI	TY-S	1-21P			
TITLE		☐ DELETE	4.11	TLE	}		☐ Chang	e 🗀 Addition
NAME			4.2 N/	ME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		T pourte			T-ZIP		Chang	e 🔲 Addition
1016		☐ DELETE	5 1 7				L.J. Ollang	Footion
NAME OLOGEL ADDRESS			5.2 N/		ADDRESS			
STREET ADDRESS					ADDRESS 1-7IP			
CITY-ST-ZIP TITLE		☐ DELETE	6. 1 T		11-(IF	<u> </u>	☐ Chang	e 🔲 Addition
NAME			6.2 N					_
STREET ADDRESS					ADDRESS			
CHY-ST-ZiP					T-ZIP			
	L					. for the exercation stated in Costion 110	ORIGINAL Fracida Che	Auton I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

| Signature | Proceedings | Procee

SIGNATURE:

1 305-423-1166 Dayline Phone #