

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S15366 (5)

1. Corporation Name:

HOLLANDER FLOORING COMPANY



Principal Place of Business

Mailing Address

7101 W COMMERCIAL BLVD #4-D
TAMARAC FL 33319

7101 W COMMERCIAL BLVD #4-D
TAMARAC FL 33319

3. Date Incorporated or Qualified

11/29/1990

3a. Date of Last Report

07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 6635 W. COMMERCIAL BLVD.

26 6635 W. COMMERCIAL BLVD.

4. FEI Number

65-0244878

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #117

27 SUITE #117

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 TAMARAC FL

28 TAMARAC FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33319

25 USA

29 33319

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLANDER, CAROL T.
7101 W COMMERCIAL BLVD #4-D
TAMARAC FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6635 W. COMMERCIAL BLVD.- SUITE #117

83

84

TAMARAC

FL

85 Zip Code
33319

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

Carol Hollander

CAROL HOLLANDER, PRESIDENT

6/5/96

(Signature by officer or parent corporation required if not applicable)

(NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
HOLLANDER, CAROL T.
7101 W COMMERCIAL BV 4-D
TAMARAC FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
6635 W. COMMERCIAL BLVD.- SUITE #117
TAMARAC FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
VDT
HOLLANDER, CRAIG
7101 W COMMERCIAL BV 4-D
TAMARAC FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol Hollander

CAROL HOLLANDER, PRES.

6/5/96

(954) 720-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (3/96)