

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90116 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58565

1. Corporation Name
D & S FLOOR COVERINGS, INC.



Principal Place of Business 3900 OCALA STREET COCOA FL 32926 5510 N. COCOA BLVD 32927	Mailing Address 3900 OCALA STREET COCOA FL 32926 5510 N. COCOA BLVD 32927
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DO NOT WRITE IN THIS SPACE

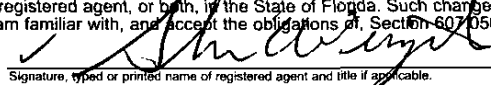
2. Principal Place of Business 21 5510 N COCOA BLVD Suite, Apt. #, etc. 22 City & State 23 COCOA FL Zip 24 32927 Country 25 BREVARD	2a. Mailing Address 26 5510 N. COCOA BLVD Suite, Apt. #, etc. 27 City & State 28 COCOA FL Zip 29 32927 Country 30 BREVARD
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3. Date Incorporated or Qualified 06/07/1991	4. FEI Number 59-3081743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent RUTHERFORD, DONALD L. 3900 OCALA STREET COCOA FL 32926	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5510 N. COCOA BLVD 83 84 City COCOA FL 85 Zip Code 32927
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10. Name and Address of New Registered Agent
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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 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, DONALD L.	1.2 NAME	
STREET ADDRESS	3900 OCALA STREET	1.3 STREET ADDRESS	5510 N. COCOA BLVD
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISGERBER, SHAWN C.	2.2 NAME	
STREET ADDRESS	3900 OCALA STREET	2.3 STREET ADDRESS	5510 N. COCOA BLVD
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISGERBER, PENNY	3.2 NAME	WEISGERBER, PENNY
STREET ADDRESS		3.3 STREET ADDRESS	5510 N. COCOA BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	COCOA FL 32927
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-690-0594

CR2E034 (11/98)