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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

S61498

(9)

DESIGN FLOORCOVERING, INC. Principal Place of Business Mailing Address 11935 TAMIAMI TRAIL, NORTH 11935 TAMIAMI TRAIL. NORTH NAPLES FL 33963-1653 NAPLES FL 33963-1653 Date Incorporated or Qualified 06/21/1991 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0269856 21 26 Suite, Apt. #, etc. Stille, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Country  $Z_{1D}$ Country 8. This corporation has liability for intangible tax under s 199.032, 29 Florida Statutes ¥ Yes □ No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name INDRESS, ROETZELA L Street Address (P.O. Box Number is Not Acceptable) 3003 TAMIAMI TRAIL NO

APPROVED AND

96 JAN 23 PM 3: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



02/01/1995

-γpplied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

SUITE 270 SOLLIER PL NAPLES FL 33940			83	
1173 220	4 LLO 7 L 00070		84 City	FL 85 Zip Code
or registere	orthe provisions of Sections 607,0502 and 6 ed agent, or both, in the State of Floridal Suc h, and accept he obligations of Section 607	:h change was aut∩oriz	ed by the corporation's	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE 7	Sile indused upon printed marke of Jepidered agent and the i	<b>FXLIY</b> (6	DODMORAL  TE Registered Asymmetric re	Den 1-18-96  Guided whiten reanstational DATE
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
1004	PD	[] DELETE	1. 1 TiTLE	Change Addition
NAM6	BOOMGARDEN, GUY L.		1.2 NAME	600001707766
STHIE! ACORESS	119235 TAMIAMI TRAIL NO.		13 STREET ADDRESS	-02/06/36~-01030025
CCY+\$1+78°	NAPLES FL		1.4 CHTY - ST - ZIP	****200.00 ****200.00
101.E	τ	[] DELETE	2 1 TITLE	Change Addition
NAME	BOOMGARDEN, GUY L.		2.2 NAME	
STHEET ADDRESS	119235 TAMIAMI TRAIL NO.		23 STREET ADDRESS	
CITE - ST ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
Titlef	SD B	[] DELETE	3 1 TiTLE	Change Addition
NAMi	Boomgarden, Kelly		3.2 NAME	
SCHELL ADDRESS	11935 TAMIAMI TRIAL		33 STREET ADDRESS	
OHY ST ZIP	NAPLES FL 33963		3 4 C/TY-ST-Z/P	
unc		[] DELETE	4 1 10 LE	Change Addition
NAMí			4.2 NAME	
STEEL LADORESS			4.3 STREET ADDRESS	
CHY-ST-ZIP			4.4 CiTY+ST+ZiP	
BIT. F		[] DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
S REET ADDRESS			53 STREET ADDRESS	
CITY ST ZIF			54 CiTY-ST-ZIP	
THILE	·	[] DELETE	€ 1 TITLE	Change Addition
NAME			6.2 NAME	0 0
STEEL ADORESS			6 3 STREET ADDRESS	
CALY - ST - ZIF			64 CiTY-ST-ZiP	$\times N$
certify that oath; that I	the information indicated on this annual repo	ort or supplemental ann or the receiver or truste	ual report is true and ac e empowered to execute	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes Marther curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name

Kelly Boom GARDEN