

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

FILED

Mar 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S61498** (9)

1. Corporation Name  
**DESIGN FLOORCOVERING, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>11935 TAMiami TRAIL NORTH<br/>NAPLES FL 33963-1653</b> | Mailing Address<br><b>11935 TAMiami TRAIL NORTH<br/>NAPLES FL 34110-1653</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/21/1991</b> | 3a. Date of Last Report<br><b>01/23/1996</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>1826 Trade Center Way</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26 <b>1826 Trade Center Way</b><br>Suite, Apt. #, etc. |
| 22 City & State<br>23 <b>Naples, FL</b>  | 27 City & State<br>28 <b>Naples, FL</b>                                       |
| 24 Zip<br><b>34109</b>   | 25 Country<br><b>Collier</b>  |
| 29 Zip<br><b>34109</b>   | 30 Country<br><b>Collier</b>  |

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0269856</b>  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>ANDRESS, ROETZELA L<br/>3003 TAMiami TRAIL NO<br/>SUITE 270 SOLIER PL<br/>NAPLES FL 33940</b> |  |
|---|--|

|   |                       |
|---|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 85 Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>PO</b> <input type="checkbox"/> DELETE   |
| NAME                       | <b>BOOMGARDEN, GUY L.</b>                   |
| STREET ADDRESS             | <b>119235 TAMiami TRAIL NO.</b>             |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                            |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE    |
| NAME                       | <b>BOOMGARDEN, GUY L.</b>                   |
| STREET ADDRESS             | <b>119235 TAMiami TRAIL NO.</b>             |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                            |
| TITLE                      | <b>SD B</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BOOMGARDEN, KELLY</b>                    |
| STREET ADDRESS             | <b>11935 TAMiami TRIAL</b>                  |
| CITY-ST-ZIP                | <b>NAPLES FL 33963</b>                      |
| TITLE                      | <input type="checkbox"/> DELETE             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> DELETE             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: Kelly Boomgarden 3-13-97 586-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)