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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S83346 (4)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:49

1. Corporation Name
FLEMING FLOORS, INC.

Principal Place of Business
1025 NW 17TH AVE
STE A
DELRAY BEACH FL 33445
US

Mailing Address
1025 NW 17TH AVENUE
SUITE 7
DELRAY BEACH FL 33445
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 218 N.E. 3RD STREET
22 Suite, Apt. #, etc.
23 City & State: BOYNTON BEACH FL
24 Zip: 33435
25 Country: PALM BCH

2a. Mailing Address
26 POST OFFICE BOX 550
27 Suite, Apt. #, etc.
28 City & State: BOYNTON BEACH FL
29 Zip: 33425
30 Country: PALM BCH

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0285898 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FLEMING, R. DEAN
1025 NW 17 AVE
STE A
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent
81 Name: DEAN FLEMING
82 Street Address (P.O. Box Number is Not Acceptable): 218 N.E. 3RD STREET
83
84 City: BOYNTON BEACH FL 85 Zip Code: 33435

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: Dean Fleming DEAN FLEMING 1-11-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PF
NAME	FLEMING, R. DEAN
STREET ADDRESS	1025 NW 17TH AVE STE A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	STD
NAME	FLEMING, LINDA E.
STREET ADDRESS	1025 NW 17TH AVE STE A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	FLEMING, THELMA
STREET ADDRESS	1025 NW 17TH AVE STE A
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☒ Change ☐ Addition
1.2 NAME	DEAN FLEMING	
1.3 STREET ADDRESS	218 N.E. 3RD STREET	
1.4 CITY-ST-ZIP	BOYNTON BCH FL 33435	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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)(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.

SIGNATURE: Dean Fleming DEAN FLEMING 1-11-95 407 737-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0287807 CP