

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:21

DOCUMENT # V15039 (3)

1. Corporation Name

STEVE'S SUPREME FLOORING, INC.

Principal Place of Business

3620 OUTER DR. #A
NAPLES FL 33962
US

Mailing Address

3620 OUTER DR. #A
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

05/20/1994

4. FEI Number

65-0422784

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 interstate tax under s. 199.532,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 3601 Arnold Avenue

Suite, Apt. #, etc.

City & State

23 Naples, Florida

Zip

24 33942

County

25 Collier

2a. Mailing Address

26 3601 Arnold Avenue

Suite, Apt. #, etc.

City & State

28 Naples, Florida

Zip

29 33942

County

30 Collier

9. Name and Address of Current Registered Agent

KARTEROULIOTIS, STEVE
3620 OUTER DR. #A
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D KARTEROULIOTIS, STEVE
STREET ADDRESS
1211 ROSEMARY CT #C204
CITY ST ZIP
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
Karteroulitis, Steve
3620 Outer Drive, #A
Naples, FL 33962

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

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41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

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CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 attached worksheet in address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Steve Karteroulitis

DATE

Daytime Phone #