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

Mailing Address

NAPLES FL 34104

2a. Mailing Address

US

3751 ARNOLD AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15039

1. Corporation Name

Principal Place of Business 3751 ARNOLD AVE

2. Principal Place of Business

NAPLES FL 34104

US

STEVE'S SUPREME FLOORING, INC.

04		26					65-0422/84		No	t Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	_ ,			5. Certifcate of Status Desired		\$8.75 A Fee Re		
City & Stat	20	21	City & State				6. Election Campaign Financing		\$5.00	May Ro	
¬ '		28]				Trust Fund Contribution		Added to	•	
Zip	Country	20	Zip	Co	untry		8. This corporation owes the curre	ent vear Int	angible		
.a	25	29]	30	•		Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	□No	
	9. Name and Address of Current	1	stered Agent	1001	\top	-	10. Name and Address of New R	egistered	Agent		
at their and their and their the Branch and Their						Name					
KARTEROULIOTIS, STEVE 283 FOREST HILLS BLVD NAPLES FL 34113											
					82	Street Addre	ess (P.O. Box Number is Not Accepta	Die)			
					83						
	• .				L				1 1		
					84	City		FL	85 Zip (
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or	f Flor	rida. Such change was a	authorize	ed by	the corporatio	oration submits this statement for the n's board of directors. I hereby accep	purpose of at the appoi	changing its intment as req	registered gistered	
agent. I a	m familiar with, and accept the obligation	ons o	of, Section 607.0505, Flo	orida Sta	tutes						
SIGNATURE						<u></u>					
	Signature, typed or printed name of registered agent		- '			t signature required		DATE AN	ID DIRECTO	DC IN 12	
12.	OFFICERS AND	DIR	DELETÉ	13			ADDITIONS/CHANGES TO OF	-ICERS AI	Change	Addition	
TITLE	D		☐ DELETE		IIILE				[] Orienge		
NAMÉ	KARTEROULIOTIS, STEVE				NAME						
STREET ADDRESS	283 FOREST HILLS BLVD					ADDRESS					
CITY-ST-ZIP	NAPLES FL		C) DELETE		CITY-S	T- ZIP			Change	Addition	
TITLE			☐ DELETE		TITLE				change	LJ / WOULDIN	
NAME				1	NAME						
STREET ADDRESS				1		FADDRESS					
CITY-ST-ZIP				_	CITY-S	ST-ZIP			Change	Addition	
TITLE			☐ DELETE	l.	TITLE				Change		
NAME					NAME						
STREET ADDRESS				33	STREET	FADDRESS					
CITY-ST-ZIP					CITY-S	ST-ZIP			Change	Addition	
TITLE			☐ DELETE		TITLE				Claride	☐ Addition	
NAME					NAME						
STREET ADDRESS						TADDRESS					
CITY-ST-ZIP				-	CITY-S	T-ZIP			Change	Addition	
TITLE	~		☐ DELETE		TITLE				Change		
NAME					NAME						
STREET ADDRESS						TADDRESS					
CITY-ST-ZIP					CITY-S	T- ZIP			O.C		
TITLE	1		☐ DELETE	ı	TITLE	İ			Change	Addition	
NAME				1	NAME						
STREET ADDRESS	ĺ					T ADDRESS					
CITY-ST-ZIP					CITY-S						
14. I hereby	certify that the information supplied with	this	filing does not qualify for	or the ex	empt	ion stated in S	section 119.07(3)(i), Florida Statutes.	l further cei f made und	rtify that the i er oath: that	nformation I am an	
officer or	certify that the information supplied wir on this annual report or supplemental director of the corporation or the receiv or Block 13 if changed or on an attach	er or	r trustee epipowered to	execute	this r	eport as requi	red by Chapter 607, Florida Statutes	and that m	ny name appe	ears in	
Block 12	or Block 13 if changed, or on an attach	ment	t with an address, with a	all other	like o	mpowered.				•	

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90084 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/17/1992

4. FEI Number

=::::

= 170

Applied For

SIGNATURE: