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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21378

(7)

MANATEE FLOORS, INC. Principal Place of Business Mailing Address 3233 N.W. FEDERAL HWY. 3233 N.W. FEDERAL HWY. JENSEN BEACH FL 34957-4451 JENSEN BEACH FL 34957-4457 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1992 03/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0318698 Not Applicable 21 26 Suite, Apt. #, etc Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MONK, LAYNE 3233 N.W. FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Acceptable) JENSEN BEACH FL 34957-4451 83 84 City 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. Lam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. INOTE Registered Agent signature required when reinstating) Signature, typed or ponted name of registered agent and toe if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. \_\_\_ DELETE Change \_\_\_ Addition TITLE 1.1 TITLE MONK, LAYNE NAME 1.2 NAME 3233 NW FEDERAL HWY. 1.3 STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957-4451 1.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change TT DELETE 51 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME STREET AODRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 Tam 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 change or on an attachment with an address.

6 4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 23 1997 8:00am

Secretary of State

(96/6)

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