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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # V3

V31429

(6)

ARTISTIC FLOORS OF FLORIDA, INC.

FILED							
May 07 1998 8:00an	1						
Secretary of State							

Principal Place of Business Mailing Address		Mailing Address	····				
		1761 WEST HILLSBORO TAMPA FL 33603	UGH AVENUE	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2s. Mailing Address	W	04/27/1992 4. FEI Number	Applied For		
21		26		59-3111681	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, otc.			\$8.75 Additional		
27		27		Certificate of Status Desired	Fee Required		
City & State		City & State		8, Election Campaign Financing	\$5.00 May Be		
23		28	T-0		Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid			
24	25 25 Name and Address of Curre	29   nt Registered Agent	30	Personal Property Tax due June 3  10. Name and Address of New Regi			
KLEINBAUM, BARRY  81 Name							
	BI WEST HILLSBOROUGH AVEN	11 IF	82 Street Add	ross (D.O. Boy Number is Not Assentable	, -		
	MPA FL 33603	IOL	62 Sireet Add	ress (P.O. Box Number is Not Acceptable	)		
· rw	W 1 E 00000		83		· · · · · · · · · · · · · · · · · · ·		
			84 City		85 Zip Code		
			_ [ ]		FL		
11. Pursuant office or r	to the provisions of Sections 607.050 agistered agent, or both, in the State	02 and 607.1508, Florida <b>S</b> tatu e of Ltorida, Such change was	tes, the above named corp	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered		
agent I a	m familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statules.	none sound of directors. The boy absort	and appointment as registered		
SIGNATURE	The state of the s		11 D		ALITE .		
12.	Signature, typed or printed name of registered as	ID DIRECTORS	TE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.5 TITLE	ASSITIONS/OFFINALS TO OFFICE	Change Addition		
NAME	KLEINBAUM, BARRY		1.2 NAME		_ ,		
STREET ADDRESS	1761 W. HILLSBOROUGH AV	Æ	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1,4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition		
NAME	Kleinbaum, jo debra		2.2 NAME				
STREET ADDRESS	1761 W. HILLSBOROUGH AV	Œ	2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE	2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			3.2 NAME		ľ		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS  3.4. CITY - ST - ZIP				
TITLE		DELETE	41 TITLE		Change Addition		
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE1 ADDRESS				
CITY-ST-ZIP			. 5.4 CITY - ST - ZIP				
TITLE		L.] DELETE	6 1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	sortify that the information countries to	with this filing does not evalible	64 CITY-ST-ZIP	Section 110.07(3)(i) Florida Statutes 14.	that partify that the information		
14. I 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 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.							