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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V61668

METRO FLOORING, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3232 BEECHBERRY CIRCLE P.O. BOX 292486 DAVIE FL 33328 **DAVIE FL 33329** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1992 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 65-0366743 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TUTT, DIANE H. 7900 PETERS ROAD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE B-100 83 PLANTATION FL 33324 City Zip Code 85 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 Horida. 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, typind or printed name of registerest agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.11015 TUTT, FRED L. III 1.2 NAME 3232 BEECHBERRY CIRCLE 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 <u>CITY- ST- ZIP</u> CITY-ST-ZIP DELETE 21 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under all signature of the convergence of the officer or director of the corp Block 12 or Block 13 if clarin