


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90284 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98 0000 22458 ✓
 1. Corporation Name
Oakleaf Hardwood Flooring, Inc.

Principal Place of Business Mailing Address
12319 Oakleaf Ave Tampa, FL 33612
12319 Oakleaf Ave Tampa, FL 33612

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
March 9th 1998

2. Principal Place of Business
 21 12319 Oakleaf Ave.
 Suite, Apt. #, etc.
 22
 City & State
 23 TAMPA FLORIDA
 Zip Country
 24 33612 25 USA
 26 12319 Oakleaf Ave.
 Suite, Apt. #, etc.
 27
 City & State
 28 TAMPA FLORIDA
 Zip Country
 29 33612 30 USA

4. FEI Number
59-3498547
 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Nicolas B. LARGAY
12319 Oakleaf Ave.
Tampa, Florida 33612

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 Nicolas B. LARGAY DATE 4/29/99
Signature of officer or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<u>P</u>	<input type="checkbox"/> DELETE
NAME	<u>Nicolas B. LARGAY</u>	
STREET ADDRESS	<u>12319 Oakleaf Ave.</u>	
CITY-ST-ZIP	<u>TAMPA, FL 33612</u>	
TITLE	<u>S</u>	<input type="checkbox"/> DELETE
NAME	<u>Brian R. Keens</u>	
STREET ADDRESS	<u>9009 Barnside Pl</u>	
CITY-ST-ZIP	<u>TAMPA, FL 33635</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<u>V</u>
1.3 STREET ADDRESS	<u>Stacy D. LARGAY</u>
1.4 CITY-ST-ZIP	<u>12319 Oakleaf Ave.</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<u>TAMPA, FL 33612</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Nicolas B. LARGAY DATE 4/29/99 (813) 931-2599
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)