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 #

DESIGN A RUG, INC.

ing Address	

FILED

Apr 07 1998 8:00am

Secretary of State

Principal Place of Business 3663 N FEDERAL HWY 3663 N FEDERAL HWY POMPANO FL 33064 POMPANO FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2283826 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name AMJADI, ALI R 1945 SW 9TH STREET Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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 (NOTE Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition NAME AMJADI, ALI R 1.2 NAME 3663 N. FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 21 THLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-S1-ZiP CITY-ST-ZIP DELETE 3 1 1/1LE Change Addition TITLE NAME 32 NAME **33 STREET ADDRESS** STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 41 THILE TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE. ☐ Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 innual 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 combration or the regioner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

R. AU TADI