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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J31724**

1. Corporation Name

FLORIDA MASTER CARPET CORP.

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90054 044 ***150.00

Principal Place	(D)	8.412 A.d.d.				() A MIT () A MATE () (MIT () MIT (
_		Mailing Addr								- 1
18030 S DIXIE		18030 S DIXIE								
18030 S.DIXIE I		18030 S.DIXIE				DO NOT WRITE IN THIS SPACE				
PERRINE FL 33	1137	PERRINE FL 33157 US				3. Date Incorporated or Qualifed				1 .
US		03				3. Date incorporated or Qualifed 09/04/1986				{
2 Dringing DI	lace of Business	2a. Mailing A	Address			4. FEI Number		- T A	pplied For	1
	lace of business	————	1001033			59-2712591) 	lot Applicable	1
21		26				39 21 12391			Additional	1
Suite, Apt.	#, etc.	Suite, Ap	i. #, eic.			5. Certificate of Status Desired	}		Required	1
22		27								
City & State	<u> </u>	City.& St	late				 -)∸ May Be	1
23		28				Trust Fund Contribution	-		to Fees	ł
Zip	Country	Zip		Country	/	8. This corporation owes the current y			-/	
24	25	29	30	<u> </u>		Personal Property Tax.		Yes	∑KNo	1
	9. Name and Address of Curren	t Registered Age	ent			10. Name and Address of New Regis	stered A	gent	<u></u>	1
				81	Name					}
	IZALEZ, OMAR			92	Circot Ade	dress (P.O. Box Number is Not Acceptable)				1
1803	30 S.DIXIE HWY.			82	Street Add	dress (P.O. Box Number is Not Acceptable)				
PERI	RINE FL 33157			83						1
	,			"						
				84	City		.FL	85 Zip	Code	[
					<u></u>					⇃
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, F	Florida Statutes,	the abov	e-named cor	rporation submits this statement for the purption's board of directors. I hereby accept the	oose ot cr appoint	nanging it ment as r	s registered eaistered	
agent. I ai	m familiar with, and accept the obligation	tions of, Section 6	807.0505, Florida	Statutes	i. 616 corporat	and a body a supplier.	- арропп	.,,	-5.0	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Rec	gistered Age	nt signature requi	ired when reinstating)	DATE			ءَ ا
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	ORS IN 12	(11/08)
TITLE	P		DELETE	1.1 TITLE				Change	Addition	1 =
L STABATE	GONZALEZ OMAR				ļ					1
NAME	GONZALEZ, OMAR			1.2 NAME	T 40000000					1
NAME STREET ADORESS	18030 S DIXIE HWY			1.2 NAME 1.3 STREE	TADDRESS					E034
	18030 S DIXIE HWY PERRINE FL			1.2 NAME 1.3 STREE 1.4 CITY-S				Change	☐ Addition	CPOENSA
STREET ADORESS	18030 S DIXIE HWY PERRINE FL S	<u> </u>	□ DELETE	1.2 NAME 1.3 STREE				☐ Change	Addition	E034
STREET ADORESS CITY-ST-ZIP	18030 S DIXIE HWY PERRINE FL S GONZALEZ, MARTHA	Σ		1.2 NAME 1.3 STREE 1.4 CITY-S				☐ Change	☐ Addition	E034
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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 appaddress, with all other like empowered.

SIGNATURE: 👌

E OF RIGHING OFFICER OR DIRECTOR