Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90074 019 ***150.00

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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 362783

1. Corporation Name

	LINE CARPET SUPPLIES, IN	.					
Principal Plac	e of Business	Mailing Address			-	\$1 0 1311 05011 0	
5741 DEWEY ST. HOLLYWOOD FL 33023		5741 DEWEY ST. HOLLYWOOD FL 33023		DO NOT WRITE IN THIS S	SPACE		
	•				3. Date Incorporated or Qualifed 04/20/1970		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-1292714	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- 1.1 1.1 1.1 (See 1 TER 2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		5. Certificate of Status Desired	-\$8:75 A Fee Re	
City & Stat	de	City & State	-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	, ,
Zip 24	Country 25	Zip 29 36	Country	1	This corporation owes the current year Intar Personal Property Tax.	ngible □ Yes	□No
<u>-4</u>	9. Name and Address of Current		<u>*</u> '		10. Name and Address of New Registered A	gent	
PER	LMAN, MORTON		81				
7360	SW 16 STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PLA	NTATION FL 33317		83				
	•		84	City	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abov	e-named corpo	pration submits this statement for the purpose of cl	hanging its	registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligation of the state of the obligation of the state of t	of Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	norized by la Statutes egistered Age	the corporation	when reinstating) DATE	ent as re-	gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligation of the state of the obligation of the state of t	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes egistered Age	the corporation	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE	registered agent, or both, in the State of imfamiliar with, and accept the obligation of the state of the obligation of the state of th	of Florida. Such change was autrons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes egistered Age 13.	the corporation	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	ent as re-	gistered
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of me tampliar with, and accept the obligation of the state of the st	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of the community	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the collision	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	egistered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of the collision	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of the collision	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
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office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of the collision	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE	egistered Ages egistered Ages 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition Addition
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE	PD PERLMAN,MORTON 5741 DEWEY STREET HOLLYWOOD FL 33023 VDST LERNER,LAWRENCE 5741 DEWEY STREET HOLLYWOOD FL 33023	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS DELETE	egistered Age gistered Age 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	DRS IN 12 Addition Addition
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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 of on an attachment with an address, with all other like empowered.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition