FILED

Feb 23, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 188402 1. Corporation Name

THE CARPET MART REALTY CORPORATION

Principal Place	Mailing Address	Address								
12645 SO DIXIE HWY MIAMI FL 33156 US		12645 S. DIXIE HIGHWAY MIAMI FL 33156			DO NOT WRITE	IN THIS S	SPACE			
03						3. Date Incorporated or Qualifed 10/14/1955				
2. Principal Pl	2a. Mailing Address	ing Address			4. FEI Number		7	Applied For		
21		26				59-6058971			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	<u> </u>	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.00	0 May Be		
23		28				Trust Fund Contribution]	•	d to Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current	year Intai	ngible		
24	25	29	0			Personal Property Tax.		☐ Yes	□No	
Ţ: .	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered A	gent		
		-	8	11	Name				į	
	tkin, robert 15 S. dixie Highway		82 Street Addre			ss (P.O. Box Number is Not Acceptable))			
MIAN	AII FL 33156		8	33						
			8	14 (City		FL	85 Zip	Code	
agent. I at SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statut	es.	ignature required i	a's board of directors. I hereby accept the	DATE			
12.	-3 -41	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	TORS IN 12	
TITLE	ST	DELETE	1.1 TITLE	=				☐ Change	e 🔲 Addition	
NAME	PLOTKIN MARY		1.2 NAM	E						
STREET ADDRESS	0000 014 00 01		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 14		1.4 CITY	1.4 CITY-ST-ZIP					j	
TITLE	VP			2.1 TITLE				Change	e 🔲 Addition	
NAME	PLOTKIN, DONALD	IN. DONALD		2.2 NAME					{	
STREET ADDRESS	1970 HENDERSONVILLE HW	•		2,3 STREET ADDRESS					ļ	
CITY-ST-ZIP	SKYLAND NC		2. 4 CITY-ST-ZIP						ţ	
TITLE	P	☐ DELETE 3.1						Change	e Addition	
NAME	PLOTKIN, ROBERT	KIN, ROBERT 3.21		E						
STREET ADDRESS			33 STRI	EET AD	DDRESS					
CITY-ST-ZIP	MIAMI FL		3.4. CITY	/-ST-2	ZIP	_				
TITLE		☐ DELETE	4,1 TITL	E				Change	e Addition	
NAME			4. 2 NAM	Æ.					ĺ	
STREET ADDRESS			4.3 STRI	EETAC	DDRESS					
CITY-ST-ZIP			4.4 C/TY							
TITLE		☐ DELETE	5.1 TITL					- Change	e Addition	
NAME			5.2 NAM	E					1	
STREET ADDRESS			5.3 STR	EET A	DORESS	•			ţ	
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP					
TITLE		☐ DELETE	6.1 TITL	Ē				☐ Change	e 🔲 Addition	
NAME			6.2 NAM	E					í	
070557 4 005555			6.3 STR	FET AL	DORESS					

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 chapted, on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP