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 # 367927

1. Corporation Name

FASHION CARPET, INC.

Secretary of State

03-04-1999 90200 002 ***150.00

Principal Place of Business Mailing Address 241 N.W. 16TH STREET % E SHEPARO 2625 NE 27TH ST POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE LIGHTHOUSE PT FL 33064 3. Date Incorporated or Qualifed 08/04/1970 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-1298951 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be \Box Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible MNo Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SHEPARD, EDWARD 82 Street Address (P.O. Box Number is Not Acceptable) 2625 N.E. 27TH STREET LIGHTHOUSE POINT FL 33064 83 Zip Code 84 City 85 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE 1.1 TITLE Change
Ch ☐ Addition TITLE President /director ROBERT BLOECHINGER 1.2 NAME NAME Edward Shepperd 1131 SW 20TH ST STREET ADDRESS 1.3 STREET ADORESS 2625 NE 27th Street **BOCA RATON FL 33486** 1.4 CITY-ST-ZIP CITY-ST-ZIP Lighthouse Point Fla 33064 Addition DELETE Change TITLE VPSD 2.1 TITLE VPSD Barbara Shepard EDWARD SHEPARD NAME 2.2 NAME 2625 Ne 27th Street 2625 N.E. 27TH ST 2.3 STREET ADDRESS STREET ADDRESS Lighthouse point, Fla. 33064 LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE BARBARA SHEPARD NAME 3.2 NAME 2625 N.E. 27TH STREET 3.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 6.1 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS 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, an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98