## 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

## CUMENT # 207114

I hereby certify that the information supplied with this filling 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 are officer or director of the corporation or the receiver of trustice and overeless the 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 attack mention and oddress, with all other like empowered. SIGNATURE:

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90067 019 \*\*\*150.00

OCUMI Corporation Na	ENT # 38711	4						
DON BAILE	EY CARPETS, INC.							
incipal Place of	f Business	Mailing A	ddress					
		CON BAIL	EY CARPETS			IN THE S	PACE	
831 N.W. 7 AVE. AMI FL 33168		8300 BISC MIAMI FL	CAYNE BLVD			RITE IN THIS S	FAOL	
		· US	33130		3. Date Incorporated or Qualife	ea	_	
					08/19/1971	<del></del>	Applie	d For
Principal Plac	of Rusiness	2a. Mailin	ng Address		4. FEI Number 59-1358297		Not A	oplicable
. Principal Plaç !	Se of Basiness	26			<del></del>		\$8.75 Add	monai
Suite, Apt. #,	etc.	Suite	, Apt. #, etc.		5. Certificate of Status Desired	ı 🗆	Fee Requi	red
]		27			6. Election Campaign Financi	ng 🗆	\$5.00 Ma	
City & State		⊢¬ `	& State		Trust Fund Contribution		Added to F	ees
] ` ;		28		Country	8. This corporation owes the	current year Inta	angible □Yes □	No.
Zip	Country	Zip	30	<b>-</b>	Personal Property Tax.	+	i tes	
·	25	29 29		·	10. Name and Address of Ne	w Registered	- Join	
	9. Name and Address of C	ontant Lehisteren	- d	81 Name		<u> </u>	<u>· · ·                                  </u>	
DAN E	Y, ROBERT R.	•		82 Street Add	ress (P.O. Box Number is Not Acc	ceptable)		
DAILE	N.W. 7 AVENUE					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		5 318 1/2
	FL 33168			83				
MINIM	III I E OO LOO			84 City	- <del></del>	Fi	85 Zip Co	ode
						, j l-	<u>-                                    </u>	raletered
11. Pursuant le office or re agent. I an	familiar with, and accept the	e obligations of, Sec	tion 607.0303, 1 lone	t, the above-named con horized by the corporated Statutes.	poration submits this statement for tion's board of directors. I hereby a red when reinstating).	DATE	<del></del>	<del></del> _ ]
11. Pursuant li office or re agent. I an SIGNATURE	familiar with, and accept the	e obligations of, Sec	icable. (NOTE: F	s, the above-named cornhorized by the corporation a Statutes.  Registered Agent signature required 13.	red when reinstating).  ADDITIONS/CHANGES TO	DATE	<del></del>	<del></del> _ ]
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