

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **443679**

1. Corporation Name

K CARPET SERVICE, INC.

Principal Place of Business

Mailing Address

1130 S.W. 69 AVENUE
PLANTATION FL 33317-4245

1130 S.W. 69 AVENUE
PLANTATION FL 33317-4245

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90004 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1974

4. FEI Number

59-1510452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'BRIEN (JOHN J.)
1 SOUTHEAST 3RD AVENUE
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME **KLEID, KARL**
STREET ADDRESS **1130 SW 69TH AVENUE**
CITY-ST-ZIP **PLANTATION FL**

TITLE D ☐ DELETE

NAME **KLEID, JANET**
STREET ADDRESS **1130 SW 69TH AVENUE**
CITY-ST-ZIP **PLANTATION FL**

TITLE D ☐ DELETE

NAME **KLEID, IRENE**
STREET ADDRESS **1130 SW 69TH AVENUE**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0065602

443679
594570-90004-26

"K" CARPET SERVICE INC.

1130 SOUTHWEST 69TH AVENUE, PLANTATION, FLORIDA 33317 • TELEPHONE (954) 581-8373 • FAX (954) 792-7583



KARL B. KLEID
SALES & SERVICE

JULY 8, 1999
"K" CARPET SERVICE, INC.
1130 SW 69 AVE.
PLANTATION, FL. 33317
ID.# 59-1510452

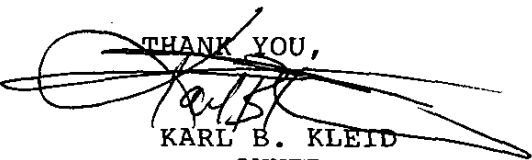
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE FL. 32302-1500

DIVISION OF CORPORATIONS

THIS IS THE FIRST NOTICE I'VE RECEIVED FROM THE STATE
TO FILE FOR MY ANNUAL CORPORATION FEE.

MY ADDRESS AND ZIP CODE ARE THE SAME, AND HAVE BEEN FOR
TWENTY YEARS. AGAIN, I DID NOT RECEIVE ANY PRIOR NOTICES TO
THIS.

THANK YOU,


KARL B. KLEID
OWNER

"K" CARPET SERVICE, INC.
1130 SOUTH-WEST 69 AVENUE
PLANTATION, FLORIDA 33317
(954) 581-8373
ID#. 59-1510452