FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996	Sec. N. D.		
DOCUMENT #	606667		

(4)

1. Corporation Name

EL CHEAPO CARPET, INC.

8711 TAHITI LANE	8711 TAHITI LANE
Principal Place of Business	Mail ng Address

		ÁSBOL MIÐUS ÐIÐU ÐIÐU IÐÐU
	1 6: 11 11:11 11:11 1 :4:1 1:51:1	BROU OFAIR EIBIL DIOLL IODE

TAMPA FL 3	3615	TAMPA FL 33615						
						3. Date incorporated or Qualified 01/15/1979	3a. Date of Last 02/14/19	
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1870116		Not Applicable
Suite, Apt	. # ₁ et C.	Suite, Apt. #, etc.	F1		5. Certificate of Status Desired		5 Additional Required	
City & Sta	te	City & State				6. Election Campaign Financing	_ \$5.	00 May Be
23		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Co	ountry		8. This corporation has liability for in	ntangible tax under	s 199.032,
24	25	29	30			Florida Statutes	4	
	9. Name and Address of	Current Registered Agent		1	·	10. Name and Address of New Re	egistered Agent	
				81	Name			
ISAAC,	FRED C.			82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)	<u> </u>
2460 A	TLANTIC BLVD.				0.00		•	
	ONVILLE FL 32207			83				
				100	00		last.	7.a. Oada
				84	City		FL 85	Zip Code
 Pursuam or registe familiar v 	t to the provisions of Sections 6 ered agent, or both, in the State vitri, and accept the obligations	.07.0502 and 607.1508, Florida Statu ⇒ of Florida -Such change was authori −of, Section 607.0505, Florida Statute	ites, the ab ized by the os.	ove-r	named corpora oration's board	ation submits this statement for the purp of of directors. I hereby accept the appo	pose of changing its sintment as register	s registered office ed agent. I am
SIGNATURE	Signature, typical or princed name of regis	stoned agent and title Lappicable IN	NOTE: Register	ed Ager	nt signatura recipired	when reinstating)	DATE	
12.	OFFIC	ERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 12
TOTAL	PD	DELETE	1.1	TITLE			☐ Chang	Addition
NAME:	KORI, CORMWELL		1.2	NAME				
STREET ADDR: SS	8711 TAHITI LANE		1.3	STREET	ADDRESS			
DITY - ST - ZIP	TAMPA FL		14	CITY-S	ST - Z IP			
1:11:E	D	DELFTE		TITLE			Chang	Addition
NAM:	KORI, JOAN		22	NAME	l			
STREET ADDRESS	ATT 4 TAX 1 4445		23	STREET	ADDRESS			
CITY - S1 - 7IP	TAMPA FL		24	CHY-S	ST - ZIP			
101.F		DELETE						
NAME			3 1	1 TITLE			☐ Chang	e 🔲 Addition
				NAME			Chang	e
STREET ADDRESS			32	NAME	t address		☐ Chang	e
			32 33	NAME Stree			☐ Chang	e L Addition
011Y - S1 - Zi∂	;	DELETE	32 33 34	NAME			☐ Chang	_
CHY-S1-7@		DETEIF	32 33 34 4 1	NAME STREE CITY-S				_
CHY-S1-7/P TITLE NAME		☐ DELETE	32 33 34 4 1 42	NAME STREE CHY-S TUYLE NAME	ST - ZIP			_
CHY-S1-ZiP HOLE NAME STHEEL ADORESS		☐ DELEIE	32 33 34 4 1 42 43	NAME STREE CHY-S TUYLE NAME STREET	ST-ZIP			_
CHY-S1-7# TIGLE NAME STHEET ADORESS CHY-S1-7#		☐ DELETE	32 33 34 41 42 43 44	NAME STREE CHY-S TUYLE NAME	ST-ZIP			e Addition
CHY-S1-7/2 TIME NAME STREET ADORESS CITY-S1-7/2 TIME		-	32 33 34 4 1 42 43 44 5 1	NAME STREE CITY-S TITLE NAME STREET CITY-S	ST-ZIP		☐ Chang	e Addition
CHY-S1-7/2 TIBLE NAME STHEFT ADDRESS CITY-S1-ZIP TIBLE NAME		-	3 2 3 3 3 4 4 1 4 2 4 3 4 4 5 1	NAME STREE CITY-S TOTALE NAME STREET CITY-S TOTALE NAME	ST-ZIP I ADDRESS ST-ZIP		☐ Chang	e Addition
TOTEF NAME STREET ADDRESS		-	3 2 3 3 3 4 4 1 4 2 4 3 4 4 5 1 5 2 5 3	NAME STREE CITY-S TOTALE NAME STREET CITY-S TOTALE NAME STREET	I ADDRESS I ADDRESS		☐ Chang	e Addition
CHY-ST-722 TITLE NAME STHEFT ADDRESS CITY-ST-212 TITLE NAME STREET ADDRESS CHY-ST-242		☐ DELETE	32 33 34 4 1 42 43 44 5 1 52 53	NAME STREET OTY-S TITLE NAME CITY-S TITLE NAME STREET NAME CITY-S CITY-S	I ADDRESS I ADDRESS		☐ Chang	e Addition
CHY-ST-ZP TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE		-	32 33 34 4 1 42 43 44 5 1 52 53 54	NAME STREET CHY-S TITLE NAME STREET CHY-S TITLE NAME STREET CHY-S TITLE	I ADDRESS I ADDRESS		☐ Chang	e Addition
CHY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	32 33 34 4 1 42 43 44 5 1 52 53 54 6 1	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	I ADDRESS ST-ZIP I ADORESS ST-ZIP		☐ Chang	e Addition
CHY-S1-7#2 HITLE NAME STHEELADORESS CITY-S1-ZIP TITLE NAME STREELADORESS		☐ DELETE	32 33 34 4 1 42 43 44 5 1 52 53 54 6 1 62 63	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	I ADDRESS I ADDRESS I ADDRESS I ADDRESS		☐ Chang	e Addition

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 cath, 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.

Shirks OFFICER OR DIRECTOR

SIGNATURE:

.... ...

813 · 88 4 · 6 136