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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 609437

STELLER CARPET, INC.

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90001 041 ***150.00



Principal Plac	e of Business	Mailing Address		•			
2330 N ROOSEVELT BLVD. KEY WEST FL 33040		2330 N ROOSEVELT BLVD.		+			
		KEY WEST FL 33040			DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	TE IN THIS OF AGE	
					02/09/1979		
2 Principal D	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
_	lace of business	26			59-2336497	 	Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		· ·		\$8.7	5 Additional
	#, dic.	27			5. Certifcate of Status Desired	T	Required
City & Stat	te	City & State			6. Election Campaign Financing	S5:0	00 маў Ве
23	•	28			Trust Fund Contribution		ed to Fees
Zip	Country -	Zip	Countr	у	8. This corporation owes the curr	ent vear Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered Agent	
			. 8	1 Name			
STELLER, MURRAY HENRY			8:	2 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	1 12TH STREET		"	- Ollock Add	See a see a see the thirth	in in the contract of the cont	ea, garage and a second
KEY	WEST FL 33040		8:	3	16:00 4 10 16:3 16:4	国籍的制造员	
		•	84	4 City	· 教育、教養性の問題	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ip Code
				'		FL T	·
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the	purpose of changing	its registered
office or o	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was al	utnorizea d'	y tne corporati	ion's board of directors. I hereby accep	ot the appointment as	registered [
ayent. I a	in turning with, and accept the conge-					•	
-	•				•		į
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE:			ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agen	D DIRECTORS	Registered Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
	Signature, typed or printed name of registered agen OFFICERS AN		Registered Ag	ent signature require			
12.	Signature, typed or printed name of registered agen OFFICERS AN PD STELLER, MURRAY H	D DIRECTORS	Registered Age	ent signature require		FICERS AND DIREC	
12.	Signature, typed or printed name of registered agen OFFICERS AN PD STELLER, MURRAY H	D DIRECTORS	13. 1.1 TITLE	ent signature require		FICERS AND DIREC	
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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, with an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CR2E034 (11/98)