## 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 # 616064

1. Corporation Name

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90056 030 \*\*\*150.00

STANJO	O CARPET, INC.				I ABANG BINGI MANG BING BANG BING BING	OKOKO BIONI ATOM BIDI	1 81671 <b>8</b> 1811 1889
Principal Pla	ice of Business	Mailing Address					
1950 SOUTH 30TH AVE HALLANDALE FL 33009 US  1950 SOUTH 30TH AVE HALLANDALE FL 33009 US							
		00			DO NOT WRITE IN  3. Date Incorporated or Qualifed	THIS SPACE	<del></del>
					04/02/1979		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21 26					59-1903017	ļ <b>ļ</b>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired		Additional equired
City & State City & State					6. Election Campaign Financing		May Be
23 28					Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip	Coun	ry	8. This corporation owes the current ye		
24	9. Name and Address of Curi		30		Personal Property Tax.	Yes	□No
		on registered Agent		1 Name	10. Name and Address of New Register	ered Agent	
	RKS,STANLEY			2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	O SW 30 AVE		1	Sileer Aug	ress (F.O. Box Number is Not Acceptable)		•
HAL	LANDALE FL 33009		8	3			
			8	4 City		85 Zip	Code
44 Duning	4 to the control of t	500				FI     `	
office or	registered agent, or both, in the Sta	buz and bu7.1508, Florida Statute le of Florida. Such change was au	es, the about thorized b	ve-named corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing its appointment as re	registered egistered
SIGNATURE		galions of, Section 667.0505, Figi	iua Statuti	<b>35.</b>			
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature require	ed when reinstating) DAT	E	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12
TITLE	P MADIC CTANIEV	☐ DELETE	1.1 TITLE	1		☐ Change	☐ Addition
NAME	MARKS,STANLEY		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS	·		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	1		2.2 NAME		-		
STREET ADDRESS			•	ET ADORESS .			<b>-</b> :.
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY		***	По	- A 4 4 5 5
NAME		C) DECE IE	3.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME				
				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE		77.	☐ Change	<b>□ 4</b> JJ92
NAME						☐ Change	☐ Addition
STREET ADDRESS			4. 2 NAM				
CITY-ST-ZIP				ET ADDRESS			
TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE			Change	Addition
NAME		<u> </u>	5.2 NAME				L. Mudicoll
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	<del></del>		Change	Addition
NAME		<u> </u>	6.2 NAME			L. Griange	
STREET ADDRESS.				T ADDRESS			•
	1		1	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, with all other like empowered.

SIGNATURE:

SIGHT WAS INTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127/99

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