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 # 617052

 Corporation 		-					
SHORE-LINE CARPET SUPPLIES, INC. OF ORLANDO							A11 A1411 1881
			• • •				
Principal Place of Business Mailing Address							
5741 DEWEY STREET 5741 DEWEY STREET							
HOLLYWOOD FL 33023-8972 HOLLYWOOD FL 33023-8972					DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed		
					04/11/1979		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		lied For
21 26					59-1899385		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22 27							·
City & State City & State				6. Election Campaign Financing \$5.00 May B			
23 28 Zip Zip Zip			Country			71 663	
Zip	25 29 30		- '		Personal Property Tax.		
24	9. Name and Address of Curre	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	··•	10. Name and Address of New Registe	ered Agent	
			81	Name			
	NER, LAWRENCE		82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)		
5741 DEWEY STREET			02	20 Sect Vot	iss (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL			83			,	
			84	City		85 Zip C	ode
				1	FL		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above	e-named cor	rporation submits this statement for the purportion's board of directors. I hereby accept the a	se of changing its	registered
office or re agent. I a	egistered agent, or both, in the State m familia with, and accept the obliga	of Florida. Such change was auto- ations of, Section 607.0505, Florid	nonzed by Ia Statutes	the corpora i.	tion's board of directors. Thereby accept the a		1010100
SIGNATURE	Xawrence	Dem				75/97	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				nt signature requi	ADDITIONS/CHANGES TO OFFICER		PS IN 12
12.	OFFICERS AND DIRECTORS VST DELETE		13.		ADDITIONS/CHANGES TO OFFICEN	Change	Addition
TITLE	LERNER, LAWRENCE		1.2 NAME				_
NAME.			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS			1.4 CITY-S				
CITY-ST-ZIP TITLE	······		2.1 TITLE	11-211	* 4	☐ Change	Addition
NAME	PERLMAN, MORTON						ļ
- STREET ADDRESS	and a service of			TADDRESS .			. 1
CITY-ST-ZIP			2.4 CITY-5	i	•		1
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	. 3.21		3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	☐ DELETE 4.1		4.1 TITLE			☐ Change	☐ Addition
NAME		4.2					
STREET ADDRESS			4.3 STREET ADDRESS				i
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				\
STREET ADDRESS	DDRESS .			TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE			6.1 TITLE			☐ Change	L Addition
INAME			6.2 NAME				
OTDEET LOOSES	i e e e e e e e e e e e e e e e e e e e		■ 6.3 STREE	TADDRESS			

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90074 020 ***150.00