

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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90003 011 \*\*\*550.00

DOCUMENT # **G97985**

Corporation Name

**THE CARPET MEDICS, INC.**



Principal Place of Business

60 N.W. 19 STREET  
PO BOX 130356  
SUNRISE FL 33313

Mailing Address

6260 N.W. 19 STREET  
PO BOX 130356  
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1984

4. FEI Number

59-2396234

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

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAWSON, JOSEPH R., ESQUIRE  
320 DAVIE BLVD.  
FT. LAUDERDALE FL 33315

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		1.2 NAME	
2. STREET ADDRESS		1.3 STREET ADDRESS	
3. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		2.2 NAME	
6. STREET ADDRESS		2.3 STREET ADDRESS	
7. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
8. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		3.2 NAME	
10. STREET ADDRESS		3.3 STREET ADDRESS	
11. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
12. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		4.2 NAME	
14. STREET ADDRESS		4.3 STREET ADDRESS	
15. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
16. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		5.2 NAME	
18. STREET ADDRESS		5.3 STREET ADDRESS	
19. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
20. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		6.2 NAME	
22. STREET ADDRESS		6.3 STREET ADDRESS	
23. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: Michael J. Albin

8/30/99 (954) 484-6962

CR2E034 (5/99)