

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10504 (9)
1. Corporation Name
GULFSTREAM CARPET, INC.



Principal Place of Business
3349 N FEDERAL HWY
3349 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-6231
US

Mailing Address
3349 N. FEDERAL HWY
3349 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483-6231
US

3. Date Incorporated or Qualified 07/02/1984
3a. Date of Last Report 03/27/1996

2. Principal Place of Business
2a. Mailing Address

21 Suite, Apt. #, etc.
26 Suite, Apt. #, etc.

22 City & State
27 City & State

23 Zip
28 Zip

24 Country
29 Country

4. FEI Number 59-2449921
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
LARUE, GLEN E
3349 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name Richards, Craig
82 Street Address (P.O. Box Number is Not Acceptable)
21392 Town Lakes Dr.
83
84 City Boca Raton, FL 85 Zip Code 33486

11. 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 *Craig A. Richards* *Craig A. Richards Pres.*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	LA RUE, GLEN E	
STREET ADDRESS	1131 N. LAKESIDE DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richards, Craig - President
1.3 STREET ADDRESS	21392 Town Lakes Drive
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richards, Ron - Vice President
2.3 STREET ADDRESS	435 South West 28th Avenue
2.4 CITY-ST-ZIP	Delray Beach, FL 33445
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002222 F81-2
3.3 STREET ADDRESS	-06/25/97--01084--024
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Craig A. Richards* *Craig A. Richards Pres.*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

CR2E034 (9/96)