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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H79155

(8)

CARPENTER DECORATING OF FLORIDA, INC.  Principal Place of Business Mailing Address  * CARROLL D. CARPENTER 13301 S.W. 131ST STREET MIAMI FL 33186-5816					
Martin 1 is 001	•••				3a. Date of Last Report
-	I I I	TA- W 8 - 100 - 100		10/03/1985	05/21/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-264 1962	Applied For Not Applicable
Suite Apt	#, etc.	Suite, Apt. #, etc.			\$9.75 Additional
22	·	27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	angible tax under s. 199.032. res □ No
24	9. Name and Address of Curre	29  ent Registered Agent	[30]	10. Name and Address of New Regis	
CA	RPENTER, CARROLL D.		81 Name		
8541 SW 150TH TERRACE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI FL 33158		Sileet Acc	Gress (F.O. DOX Nulliber is 1401 Acceptable)	
			83		
			84 City		85 Zip Code
			1 1 7		FL
agent. La SIGNATURE.	Signature, typical or printed name of registered a		Flogistered Agent signature requested     13.	rporation submits this statement for the puration's board of directors. I hereby accept to the statement of the pure the statement of the stat	DATE
TITLE	DV	DELETE	1.1 TITLE		Change Addition
NAME	CARPENTER, CARROLL		1.2 NAME		
STREET ADDRESS	8541 SW 150TH TERRACE		1.3 STREET ADDRESS		ı
CITY - S1 - ZIF	MIAMI FL		14 CITY-ST-ZIP		······································
TITLE	T	DELETE	21 TITLE		Change Addition
NAME	CARPENTER, LIBBY M		2.2 NAME		
STREET ADDIRESS	8541 S.W. 150 TERR. MIAMI FL		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		La vection	3.2 NAME		many ormings the recombest
STREEL ADDRESS			3.3 STREET ADDRESS		i
CITY - S1 - ZIP			3.4 CITY-ST-ZIP		'
TOTLE	<del></del>	DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIF			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIF			5.4 CITY-ST-ZIP		
TITLE		☐ DEL£TE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST ZIP	1		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.