HYPOLUXO FL 33462



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name	3561					
LOUFRANK'S CARPET DEPOT, INC.						
Principal Place of Business	Mailing Address					
125 HYPOLUXO RD.	125 HYPOLUXO RD.					

HYPOLUXO FL 33462

2.	Principal Place of	Business	2a. Mailing Add	ress
21			26	
Γ	Suite, Apt. #, etc.		Suite Apt #	etc
22			27	
	City & State		City & State	
23			28	
	Zip	Country	Zφ	Country
24		25	29	[30]
厂	9. 1	Name and Address of Cu	irrent Registered Agent	·

CENTOLA, DAVID D. 125 HYPOLUXO RD. HYPOLUXO FL 33462

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed
	06/09/1986

4. FEI Number 59-2690494

1

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Etection Campaign Emancing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax []Yes 10. Name and Address of New Registered Agent

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

83 84 City

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation subnets this stitlement 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. Thereby accept the appointment as registered agent. Fam 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 Re-	pstered Agest sea after n	- 1-
12.	OFFICERS AND DIRECTORS	13.	•
TITLE	PD [] DELETE	1.1Till(F	
NAME	STATFELD, BARRY C	1.2 NAME	
STREET ADDRESS	8540 NW 51ST COURT	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	14 CITY-ST-ZIP	
TITLE	[] DELETE	2.1 TO LE	
NAME	•	2.7 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		2.4 C/TY-\$1-ZiP	
TITLE	[DELETE	3.1 TH (E	
NAME		3.7 NAME	
STREET ADDRESS		3.3 \$1 REE 1 ADDRESS	
CITY+ST-ZIP		34 COY-ST-Z02	
TITLE	[DELETE	4 * TITLE	
NAME		4. 2 NAME	
STREET ADDRESS		43 STREET ASTORGISS	
CITY-ST-ZIP		4.4 CITY-ST-ZIF	
TITLE	[] DELETE	5 1 Tit(F	
NAME		5.2 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CHY-51-761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [| Change [| Addition

> 300002842293--6 -04/16/99--01078--001 ****150.00 [****150,00 on

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14. Thereby 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 13 if changed, or on an attaction of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporat

ENSTREE LADORES

SIGNATURE:

TITLE NAME

STREET ADDRESS

Nector Lerro, Athy in Pact 4/6/99

CR2E034 (11/98)

nou granks Carpet Depot, Inc.

 $[m{V}]$ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

or

[] No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

Depot, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in Block 14 of the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Lou Franks Carpet Depot, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

Signature

STATIELD

Printed name

Title

Date