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 # J41587 1. Corporation Name

HENNESSY CARPETS AND INTERIORS, INC.

· · · · · · · · · · · · · · · · · · ·	
% TIMOTHY J. HENNESSY 101 NE 160 ST N MIAMI BCH FL 33162	
101 NE 160 ST	
N MIAMI BCH FL 33162	

May 03, 1999 8:00 am Secretary of State 05-03-1999 90106 045 ***158.75



Principal Place	e of Business	Mailing Address			- t immilitä mint menan einem menn enne	 		B) (9) () () () ()
% TIMOTHY J. HENNESSY % TIMOTHY J. HENNESSY								
101 NE 160 ST 101 NE 160 ST					DO NOT WRITE IN THIS SPACE			
N MIAMI BCH FL 33162 N MIAMI BCH FL 33162					Date Incorporated or Qualifed	E IN THIS SHA		
					11/07/1986			-
2 Principal Di	lace of Business	2a. Mailing Address		_	4. FEI Number		App	lied For
<u> </u>	iace of business	26 -			59-2741533		-	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				<u>/ \$8</u>		dditional
22 27				5. Certificate of Status Desired		Fee Rec	uired	
City & State	e	City & State			6. Election Campaign Financing	\$	5.00 h	May Be
23		28			Trust Fund Contribution		Added to	
Zip Country Zip			Country		8. This corporation owes the current year Intangible			
24	25	29 3	<u>o</u>		Personal Property Tax.	Y		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egisterød Agen	<u>t</u>	
LUCAU	NECOV TRACTUV I		81 Na	ame				
	NESSY, TIMOTHY J.		82 St	reet Addre	ss (P.O. Box Number is Not Acceptab	ole)		
	NE 160 ST. IAMI BCH. FL 33162		-					
14 1941	IAMI DON. PL 33102		83					ĺ
			84 Ci	ty	-	85	Zip C	ode
						FL S	ing its !	rogistored
i office or ri	egistered agent or both in the State	e of Florida. Such change was aut	horized by the	med corpo corporatior	ration submits this statement for the p 's board of directors. I hereby accept	the appointmen	ging its i it as reg	istered
agent. I as	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.		•			ļ
								Į.
SIGNATURE						DATE		
	Signature, typed or printed name of registered ag	,	egistered Agent sign	ature required		DATE	RECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	ature required	when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	RS IN 12
12.	OFFICERS A	,	13. 1.1 TITLE	ature required		ICERS AND DI		
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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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: