

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K74579** (9)

1. Corporation Name

STATEWIDE FLOOR COVERING, INC.



Principal Place of Business

**8343 FAIRWAY RD
SUNRISE FL 33351**

Mailing Address

**8343 FAIRWAY RD
SUNRISE FL 33351**

3. Date Incorporated or Qualified

03/22/1989

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21 10358 N.W. 55 STREET

Suite, Apt. #, etc.

22

City & State

23 SUNRISE FL 33351

Zip

24 33351

Country

25 FLORIDA

2a. Mailing Address

26 10358 N.W. 55 STREET

Suite, Apt. #, etc.

27

City & State

28 SUNRISE FL 33351

Zip

29 33351

Country

30 FLORIDA

4. FEI Number

65-0100359

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROSEN, ROBERT

**1200 WESTON ROAD, SUITE 314 A
FT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81

Name

ROSEN, ROBERT

82

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

19495 BISCAYNE BLVD. SUITE 705

83

84

City

AVENUE

FL

85

Zip Code

33180

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

Signature typed or printed name of registered agent and the day, place

DATE Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME CARVAJAL, IVAN
STREET ADDRESS 8343 FAIRWAY RD
CITY - ST - ZIP SUNRISE FL**

TITLE ☐ DELETE

**V
NAME CARVAJAL, MARCELLA
STREET ADDRESS 8343 FAIRWAY RD
CITY - ST - ZIP SUNRISE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sig. Carvajal IVAN CARVAJAL PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (954) 749-4910
Date Daytime Phone #

CR2E034 (12/95)