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 # L14592 1. Corporation Name

CONVENIENT CARPET REPAIR, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90157 001 ***150.00



	·					
•	ce of Business	Mailing Address				
8812 SE DUNCAN ST 8812 SE DUNCAN ST						
HOBE SOUND FL 33455 US		HOBE SOUND FL 33455 US			DO NOT WRITE IN THIS SPACE	
		00			3. Date Incorporated or Qualifed	
					09/11/1989	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
¬ ```		26			65-0147951 Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
ļ	· · · · · · · · · · · · · · · · · · ·	27	<u> </u>		ree Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
·i	Country	28	Country	, , , , , , , , , , , , , , , , , , , 	Trust Fund Contribution Added to Fees	
Zip I	r—,	├ ┐	Country	,	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
!	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
	3. Name and Address of Curre	an registered Agont	81	Name	10. Home did year too oy year together year.	
GEN	VSLER, MARTIN, JR.			Ĺ	(20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
8812 SE DUNCAN STREET			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
HOBE SOUND FL 33455			83	1	<u></u>	
,	,	·				
			84	City	FL 85 Zip Code	
	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Regist	ered Age	nt signature require	ed when reinstating) DATE	
	PCD		13. .1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
-	GENSLER, MARTIN JR.	· 1	2 NAME	}		
- : ADDRESS	ANALOGE DUBLICANI OT			T ADDRESS		
ST-ZIP	HOBE SOUND FL 33455		.4 CITY-S			
<u> </u>	VSD	F-1	.1 TITLE		☐ Change ☐ Addition	
_	GENSLER, LORI A	· 1 2	2 NAME	}		
I ALIORESS	ACAD OF DUBLOAN OF	. 2	3 STREE	T ADDRESS		
ST-ziP	HOBE SOUND FL 33455	3 12	. 4 CITY-1	ST-ZIP ~	and the second of the second o	
		☐ DELETE 3	LI TITLE		☐ Change ☐ Addition	
-		3	.2 NAME	}		
! ADDRESS		3	.3 STREE	TADDRESS		
ST-ZIP	<u> </u>		.4. CITY-5	ST-ZIP	[] (h [] Addida	
			LI TITLE	1	☐ Change ☐ Addition	
	1		. 2 NAME	1		
: ADDRESS	1		.3 STREET ADDRESS)			
8T Zin	 		4 CITY-S	11-4P	☐ Change ☐ Addition	
	}		2 NAME	{		
: ACCRESS	j			TADDRESS	•	
]	1	.4 CITY-9)		
AID AII	 		1 TITLE		☐ Change ☐ Addition	
		_	.2 NAME	}		
: 4177 <u>2</u> 233	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	6	3 STREE	TADORESS		
		6	.4 CITY-S	IT-ZIP		
ZIT						

nereby 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(i), Florida Statutes. I further certify that the information stated in Section 119.07(i), Florida Statutes. I further certify that the information stated in Section 119.07(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)