

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 # **L21675** (8)

1. Corporation Name

ARROW CARPET SALE - NO REASONABLE OFFER REFUSED, INC.



Principal Place of Business

Mailing Address

C/O DAVID P. KAATZ
7310 W MCNAB RD. SUITE 207
TAMARAC FL 33321

C/O DAVID P. KAATZ
7310 W MCNAB RD. SUITE 207
TAMARAC FL 33321

3. Date Incorporated or Qualified
10/06/1989

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

✓ 21 **5203 N. STATE RD 7**

26 **5203 N. STATE RD 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TAMARAC FL.**

28 **TAMARAC FL.**

Zip

Country

Zip

Country

24 **33319**

25 **U.S.**

29 **33319**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWITT, STUART
7310 W MCNAB ROAD
SUITE 207
TAMARAC FL 33321**

81 Name

Carmine Prizzi

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

5203 N STATE RD 7

83

84 City

TAMARAC

FL

85 Zip Code

33319

11. Pursuant to the provisions of Sections 607.0532 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **PRIZZI, CARMIN**
STREET ADDRESS **5203 N. STATE ROAD 7**
CITY-ST-ZIP **TAMARAC FL 33319**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LIEBERMAN, PAUL**
STREET ADDRESS **880 NE 182ND STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 954-735-0596
Date Daytime Phone #

CR2E034 (12/95)