Itel     RS-0165806     Not Apple       aite, Act. #, etc.     27     Suite. Apt. #, etc.     5. Certificate of Status Desired     Fee Regulator       ay 8. State     Country     28     Country     5. Certificate of Status Desired     Fee Regulator       ay 8. State     Country     29     30     Financing     \$5.00 May B       ay 8. Name and Address of Current Registered Agent     51     Name and Address of Name and	ANNU/	ROFIT PORATION AL REPORT 996	Secret DIVISION OF	B. Mortham ary of State					
And PLACHERS       Maring Address         By SE 47TH PLACE CAFE CORAL FL3SON       B2 SE 47TH PLACE CAFE CORAL FL3SON       B. Date Incorporated or Clustified       State Place of Business       State Place of Business       State Place of Business       Acplied F         State       Ze       Auling Address       State Address       State Place of Business       Acplied F         Inter, Act. #, etc.       Ze       State Address       S	prporation I	Name	• •						
01/19/1990     04/10/1995       incipiel Place of Business     2e. Mailing Adchess     4. FE1 Mumber     Applied       2e.     Suite. Apt. #, etc.     5. Ortificate of Status Desired     Face Regulated       y & State     City & State     City & State     6. Election Campaign Financing     \$5.00 May p       y & State     City & State     Country     8. This corporation has labitly for inangable tax under a 190.632       y & State     2ity     2ity     Country     8. This corporation has labitly for inangable tax under a 190.632       y & State     2ity     2ity     Country     8. This corporation has labitly for inangable tax under a 190.632       y & State     2ity     2ity     Country     8. This corporation has labitly for inangable tax under a 190.632       y & State     2ity     2ity     2ity     Country     8. This corporation has labitly for inangable tax under a 190.632       y & State     Carpet Corporation and Address of Curront Registered Agent     10. Name and Address of New Registered Agent       ANDERSON, WILLIAM B.     State of Incide State by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Incide State by the corporation submits this statement for the purpose of changing its registered agent. I anther with address of Scote State Corporation submits this statement for the purpose of changing its registered agent. I anther with address of scoteres 607.05600 Kohd Statutes.	29 SE 471) APE CORA	H PLACE	629 SE 47TH PLACE CAPE CORAL FL 33	829 SE 47TH PLACE CAPE CORAL FL 33904					
Inter. Act. #, etc.       Suite, Apt. #, etc.       S. Contricate of Status Desired       File Required         Y & State       27       Country       State       File Required         Y & State       28       Country       Zp       Country       State       State         Y & State       28       Zp       Country       State       State       State       Added to Feet         Y & State       28       29       30       File Construction       State       Added to Feet         Y & State       29       30       File Country       Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         ANDERSON, WILLIAM B.       61       Name       State of Address (P.O. Box Number is Not Acceptable)         614 S. W. 30TH TERRACE       28       Street Address (P.O. Box Number is Not Acceptable)         CAPE CORAL FL 33914       83       State of Cond. State of Finds State the address of Conde State of Congo and Ear of Indea State of Congo and Ear of Indea State of Congo and Ear of Indea State of Ear of Conde State of Congo and Ear of Indea State of Ear of Conde State of Congo and Ear of Indea State of Ear of	incipal Pla	ce of Business	2a. Mailing Address			01/19/1990 4. FEI Number		04/10/18	
27     City & State     City & Stat	uile, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired				
Image	y & Stale		City & State					\$5.0	0 May Be
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     11     11     12	)	⊢_n '	Zip		ry	8. This corporation has lia	bility for intang	ible tax under s	
ANDERSON, WILLIAM B. 614 S. W. 30TH TERRACE CAPE CORAL FL 33914			· · · · · · · · · · · · · · · · · · ·		1 Name				
HL	614 S.	W. 30TH TERRACE				ress (P.O. Box Number is Not A	Acceptable)		
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 anitize with, and accept the obligations of, Section 607.0505, Florida Statutes.  ATURE  Signalue, byrst or peaket nark of registered agent and the Tarpleade  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS  PD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS  PD OFFICERS AND DIRECTORS  14. ANDERSON, WILLIAM B. Change Add ADDRESS  14. 2# OFFICERS AND DIRECTORS  14. SW 30 TERRACE 15 SINET ADDRESS  14. 2# OFFICERS AND DIRECTORS  25 SISTEM ADDRESS  215 NICHOLAS PKWY E 23 SIREM ADDRESS  24 CITY-SI-Z#  ADDRESS  CAPE CORAL, FL 33990  24 CITY-SI-Z#  ADDRESS  CAPE CORAL, FL 33914  DELETE 31 TITLE  ADDRESS  ADDRESS  CAPE CORAL, FL 33914  DELETE 31 TITLE  ADDRESS  CAPE CORAL, FL 33914  Change Add  ADDRESS  CAPE CORAL, FL 33914  CHANG  CHANGE  ADDRESS  CAPE CORAL, FL 33914  CHANGE  CHANGE  ADDRESS  CAPE				- H					
ANDERSON, WILLIAM B. 614 SW 30 TERRACE CAPE CORAL, FL 33914  12 NAME  12 NAME  13 STREET ADDRESS  CAPE CORAL, FL 33914  14 CITY-ST-ZIP  VD ANDERSON, DARIN M. 215 NICHOLAS PKWY E 23 STREET ADDRESS 215 NICHOLAS PKWY E 23 STREET ADDRESS CAPE CORAL, FL 33990  24 CITY-ST-ZIP  TSD DELETE 31 TITLE Change Add ANDERSON, MYRNA E. 32 NAME 33 STREET ADDRESS 51-ZIP CAPE CORAL, FL 33914  DELETE 34 CITY-ST-ZIP CAPE CORAL, FL 33914  Change Add ADDRESS 51-ZIP CAPE CORAL, FL 33914  DELETE 34 CITY-ST-ZIP CAPE CORAL, FL 33914  DELETE 4.1 TITLE Change Add ADDRESS CAPE CORAL, FL 33914  Change	Pursuant to prinegistere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric	and 607.1508, Florida Statut da. Such change was authorit	es the about	-named corpo	ration submits this statement fo and of directors. I hereby accept	or the purpose	of changing its r	edistered offic
VD       DELETE       2 1 TITLE       Change       Address         ADDRESS       215 NICHOLAS PKWY E       23 STREET ADDRESS       24 CITY-SI-ZIP         CAPE CORAL, FL 33990       24 CITY-SI-ZIP       Change       Address         TSD       DELETE       3 1 TITLE       Change       Address         ANDERSON, MYRNA E.       32 NAME       32 NAME       Change       Address         ADDRESS       G14 SW 30TH TERRACE       3.3 STREET ADDRESS       34 CITY-SI-ZIP       Change       Address         ADDRESS       CAPE CORAL, FL 33914       34 CITY-SI-ZIP       Change       Address         IDELETE       4.1 TITLE       Change       Address         IDELETE       4.1 TITLE       Change       Address         IDELETE       4.2 NAME       Change       Address	r registere amiliar with ATURE	Id agent, or both, in the State of Floric n, and accept the obligations of, Section agentice, typed or protect name, of registered agent OFFICERS AND	da. Such change was authoria ion 607,0505, Florida Statute: and the Lappicallis NI D DIRECTORS	les, the above zed by the co S. DTL Begistered A 13.	e-named corpo rporation's boa gent signature require	rd of directors. I hereby accept	the appointm	of changing its r ent as registered MTE S AND DIRECTO	egistered offi lagent. I am
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