PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED						
Apr 08, 1999 8:00 am						
Secretary of State						
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04-08-1999 90084 033

1. Corporation		}					
HULADA	Y CARPET, INC.						
Princical Place	e of Rusiness	Mailing Address					(a si ayan) taan
12001 S. CLEVE		12001 S. CLEVELAND AV	•				
UNIT 6		UNIT 6	-		DO NOT WRITE IN THE	IS SUACE	
FT. MYERS FL	33907	FT. MYERS FL 33907			3. Date Incorporated or Qualified	3 ST ACE	 -
us		US			04/09/1990		Į.
3 Drie sie ul Di	lace of Business	2a. Mailing Address			4. FEI Number	TAR	olled For
2. Principal Fi	lace of Business	25			65-0183845	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	
22	· ·	27 -	· <u>-</u>	-	5, Certificate of Status Desired L	Fee Re	Derlup
City & State	9	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	0 F963
Zlp	Country	Zip	Cou	FILLY	 This corporation owes the current year I Personal Property Tax. 	ntan⊊ible ∭a Yes	□No
24	9. Name and Address of Currer	29 Agent	30		10. Name and Address of New Registere		
	5. Name and Address of Curren	It Kohisteren where		81 Name			
HOL	aday, ben			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1526	31 BRIARCREST CIRCLE			Street Ac	ogress (P.O. Box ratiniper is not Acceptable)		
[FT M	IYERS FL 33912			83			
1				84 City		. 85 Zip (Code
ì				"	F		1
11. Pursuant office of reagent. I a	to the provisions of Sections 607.050 egistered egent, or both, in the State m familiar with, and accept the oblige	2 and 607.1508, Florida Statu of Florida. Such change was a ations of, Section 607.0505, Fk	tes, the al authorized arida Statu	oove-named co by the corpora ites.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of Changing its ointment as re(registered pistered
SIGNATURE							
SIGNETONE.	Shooting board or newlest name of projectored and	et and title K applicable. (NOT)	- Registered	Acent signature regu	unot when reinstating) DATE		
	Signature, typed or printed name of registered age OFFICERS Al	nt and title if applicable. (NOTI	Registered	Agent signature requ	uned when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		· · · · · · · · · · · · · · · · · · ·				ND DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	LE			RS IN 12
12.	OFFICERS AND	ID DIRECTORS	13. 1.1 TII 1.2 NA	LE			RS IN 12 9/1.
12. TITLE NAME	OFFICERS AN HOLADAY, BEN	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CT	LE ME REET ADDRESS Y-ST-ZIP		[] Change	Addition 1-1
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12. TITLE NAME STREET ADDRESS CITY-ST- 2IP TITLE NAME	OFFICERS AND D HOLADAY, BEN 15261 BRIARCREST CIRCLE	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA	LE ME REET ADDRESS Y-ST-ZIP LE ME		[] Change	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET / DORESS	OFFICERS AND D HOLADAY, BEN 15261 BRIARCREST CIRCLE	ID DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		[] Change	
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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 incicated 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 certify 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, with all other like empowered.

SIGNATURE:	_ //
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30	esign	ALLE S	REQUIRED W	HOLABAY	4/32/99		9392219
MATU	RE AND TYPED ON F	PRINTED NAME OF BU	HING OFFICER OR DIRECTOR	Date		Daytime Phone #	