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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90055 021 ***150.00

DOCUMENT # M11886

1. Corporation Name

CREATIVE CARPET CONCEPTS, INC.

Principal Plac	ce of Business	Mailir	ng Address				,			
7310 SW 45TH ST. 7310 SW 45TH ST										
MIAMI FL 3315	55	MIAM	I FL 33155				DO NOT WRI	TE IN THIS	SPACE	
}	· •						3. Date Incorporated or Qualifed	12 14 17113	OF ACE	
<u> </u>							02/27/1985			
2. Principal F	Place of Business	2a. M	failing Address				4. FEI Number			Applied For
21	·	26					59-2509005			lot Applicable
Suite, Apt.	. #, etc.		uite, Apt. #, etc.				E Continue of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired	<u> </u>	Fee F	Required
City & Sta	te _		city & State	. 4.0		ر میدان خ	6. Election Campaign Financing	= ·	\$5.00	May Be_
23		28					Trust Fund Contribution		Added	to Fees
Zip .	Country	Zi	ib		ountry		8. This corporation owes the curr	ent year Inte		
24	25	29		30			Personal Property Tax.		[_] Yes	□ No
L	9. Name and Address of Currer	nt Register	rea Agent		81	Name	10. Name and Address of New F	tegistered .	Agent	
RED	DEN, MARILYN	4367			"	Marile				
927	0 SW 148 ST.	¥Ç.			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	MI FL 33176				83	· · · · ·	2 4 4 5 4 5 4 5 4 5 4 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	1 1 2 2	3 N N 1 3 1 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	i manu i portaer . Otto meto ilini
										age.
{					84	City		FL		Code
.11 .Pursuant	to the provisions of Sections 607.050	02 and 607	1509 Florida Stat	utes the	above	-named corne	oration submits this statement for the		changing it	e registered
office or i	registered agent, or both, in the State.	of Florida	Such change was	authoriza	ed hv 1	the corporatio	on's board of directors. I hereby accep	ot the appoir	ntment as r	egistered
			out, onango was			ille corporatio				
agent. I a	am familiar with, and accept the obliga	ations of, Se	ection 607.0505, F	lorida Sta	atutes.					
agent. I a			ection 607.0505, F	lorida Sta	atutes.	·	d when reinstating)	DATE		
agent. I a		ant and title if ap	ection 607.0505, F	lorida Sta	atutes.	·	d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT	
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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 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 or an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/94 305-266-700