FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M38598



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90039 020 ***150.00

PREST	ige carpets & interior	S, INC.					
Principal Pla	ace of Business	Mailing Address			* 100(000) 100 (110) 10 (110) 10 (110)	I IOII OIDIR BIBRI OIBII	BEBTI BIBII GIBII ISBI
2500 HOLLYN	WOOD BLVD	2500 HOLLYWOOD BLVD					
SUITE 212 SUITE 212					DO NOT MORE IN THIS SPACE		
HOLLYWOOD FL 33020 US HOLLYWOOD FL 33020 US					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
US		03			09/18/1986		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<u>59-2719279</u>		Not Applicable
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	+	75 Additional
22		27			J. Cormozic di Guido Bosnos	Fe	e Required
City & S	tate	City & State			6. Election Campaign Financing		. 00 May Be
23		28			Trust Fund Contribution	L Ad	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current		_
24	25	29 3	o\		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr	ent Registered Agent		+	10. Name and Address of New Re	gistered Agent	_
			81	Name	•		·
MANELLA, ROSS H ESQ			82 Street		ddress (P.O. Box Number is Not Acceptab	le)	
2500 HOLLYWOOD BLVD SUITE 212 HOLLYWOOD FL 33020						,	_
				[
				0.4		85	Zip Code
			84	City		FL °°	Zip Code
office o	or registered agent, or both, in the Sta I am familiar with, and accept the obli	te of Florida. Such change was autigations of, Section 607.0505, Florid	norized by la Statutes	tne corpoi	corporation submits this statement for the pration's board of directors. I hereby accept MANELLA 2/20 quired when reinstating)	пе арропилен	ng its registered
40	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ik sigi akule rei	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
12.	PSTD	DELETE	1.1 TITLE	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] Cha	
	APPEL, R.E.W.		1.2 NAME			_	• • •
NAME	4450 OLIEDIDANI OTD. OTE E44		1.3 STREET ADDRESS				
STREET ADDRE	HOLLWHOOD EL						93025
CITY-ST-ZIP	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Chi	ange
TITLE							-
NAME			2.2 NAME				
STREET ADDRE	ess		I .	TADDRESS		•	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			□ Ch:	ange Addition
TITLE		☐ DELE1E	3.1 TITLE)		[] C()	man Duamini
NAME			3.2 NAME				
STREET ADDRE	ESS		3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ OELETE	4.1 TITLE			☐ Chi	ange
NAME			4.2 NAME	1			
STREET ADDRE	ESS		4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZiP			
TITLE		`☐ DELETE	5.1 TITLE			☐ Ch	ange 🗌 Addition

CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

R.E.W. APPEL

DELETE

2/20/99

(954) 925-3355

Change

☐ Addition

Daytime Phone #