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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M 69 152

1. Corporation Name

CARPET & DIMUL WORLD INC

Principal Place of Business 3819 MAINST Mailing Address

1430 CASSAT AU JACKSONUILLE JA 32206 JACKSONUILLE JA 32205

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

05-29-1999 90017 001 ****37.50 05-29-1999 90017 002 ****37.50 05-29-1999 90017 003 ****37.50 05-29-1999 90017 004 ****37.50

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DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN	THIS	SPAC
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وبهارس	phother 2.				3. Date incorporated or Qualified
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1459114 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	4	This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes \(\square\) No
	9. Name and Address of Current		81	Name	10. Name and Address of New Registered Agent
TOKE	DMKH, GERALD I UNIVERSITY Blui KSYVIlle ZLA 3:	A-	"		TRIBUMAN, MICHABL
Pict2	RI W	م مل	82	Street	Address (P.O. Box Number is Not Acceptable)
lpo l	I WALLOWSITH WILL	<i>y</i> 14 ·	83	/ 4	t30 CASSATT AU.
300	Kennille HA 3:	22/1	0.3		
	Topy of the		84	City 1	Acksonoille FL 85 Jug Code 52205
	4-4				
office or re	egistered agent, or both, in the State o	f Florida. Such change was at	ithorized by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
 agent. Lar 	m familiar with a raccept the obligati	ons of, Section 607.0505, Flor	ida Statute	š.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	my com	Yana a la ila	6 13 34 5		required when reinstating) DATE
12.	Signature, typed of printed name of registered agent OFFICERS AND		13.	ni signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	11 TITLE		Change HAddition
NAME	FRIEDMAN GERAL	· · ·	1 2 NAME		Foielman, Michael
STREET ADDRESS		· •		T ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 3	PA- 32206	1.4 CITY-5		JACKOUVILLE HA 32205
TITLE	DST	4-DELETE	21 TITLE	71- <u>21</u> 1-	Change Addition
NAME	FRIEDMAH, MICH	٨١٣٠	2.2 NAME		
STREET ADDRESS	TRIP MALLIST			TADDRESS	
CITY-ST-ZIP	JACKSONUILLY DA	- 37206	2. 4 CITY-		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	:	
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-5		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-8	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP		_	6.4 CITY-S	T-ZIP	<u> </u>
					d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an
officer or o	on this annual report or supplemental a director of the corporation or the receiv	er of trustee empowered to ex	ecute this r	eport as r	rature shall have the same legal effect as it made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in ed.
Block 12 c	or Block 13 if changed, or on an attach	prept with an address, with all	other like e	mpowered	ed.

SIGNATURE:

CR2E034 (11/98)