FILED

Feb 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93430 1. Corporation Name

CARPET CENTRAL, INC.

Principal Place	of Business	Ma	ailing Address					- (181) BIRSI 8191	il Blått Blått tåbt	
2460 22ND AVE N 2460 22ND AVE N]						
ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713				3				DO NOT WRITE IN THIS SPACE					
us us					3. Date incorporated of								
								08/05/1988	Qualifec	'	_		
2. Principal Pl.	ace of Business	2a.	Mailing Address					4. FEI Number				Applied For	
21		26						59-2903403				Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status I	Desired	×		Additional Required	
City & State			City & State					6. Election Campaign F	inancing		\$5.0	O-May Be	
23		28						Trust Fund Contribut	ion		Adde	d to Fees	
Zip	Country		Zip	C	ountry			8. This corporation owe	s the cur	rrent year Inf			
24	25	29		30				Personal Property Ta			☐ Yes		
	9. Name and Address of Current	Regis	tered Agent					10. Name and Address	of New	Registered	Agent		
\A/CD	NED CIDNEY				81	Nam	e						
WERNER, SIDNEY					82	Stree	t Addre	ss (P.O. Box Number is N	ot Accep	table)			
5720 CENTRAL AVE ST PETERSBURG FL 33707													
31 F	ETENSBUNG FL 33/0/				83								
					84	City			·	FL	85 Zi	p Code	
	to the provisions of Sections 607.0502		07.4500 Fl-14- Ct-L4	46-	obov.		d corpo	ration cubmite this stateme	ent for th		changing	its registered	
office or re	agistored agent of both in the State Of	Hinni	ia. Such change was a	เมทาดศร	ea ov	tne cor	poration	n's board of directors. I her	eby acco	ept the appo	intment as	registered	
agent. I aı	n familiar with, and accept the obligation	ns of	, Section 607.0505, Flo	rida St	atutes	•							
SIGNATURE			T	Decisto	rad Anna	t eignotur	o required	when reinstating)		DATE			
12.	Signature, typed or printed name of registered agent of OFFICERS AND			1		n agnatui	o required	ADDITIONS/CHANGE	S TO O		ND DIREC	TORS IN 12	
TITLE	V		DELETE	_	TITLE		C		:		Chang		
NAME	MEANA, AL			1.3	NAME								
STREET ADDRESS	1150 BRIGHTWATERS BLVD NE			1.5	STREET	ADDRES	is						
	ST PETERSBURG FL			ı	CITY-S		-		337) O Y		_	
CITY-ST-ZIP TITLE	V		☐ DELETE		TITLE		P				∑ Chang	ge 🔲 Addition	
NAME	MEANA, MITCHELL.			2.	NAME					~ 1			
STREET ADDRESS	1105 BRIGHTWATERS BLVD NE			2.	3 STREET	T ADDRES	s 8	267 YARKW	000	RMD	_		
CITY-ST-ZIP	ST PETERSBURG FL				4 CITY-S			SEMINALE F	7	337	ו ר		
TITLE	VST		☐ DELETE	_	1 TITLE			267 PARKW SEMINOUE F	-		Chang	ge Addition	
NAME	MEANA, GREGORY			3.1	2 NAME			_	~1	•			
STREET ADDRESS	1105 BRIGHTWATERS BLVD NE			3.3	3 STREE	TADORES	is 1	060 CORDOVA ST- PETERSB	જા	ND	227		
CITY-ST-ZIP	ST PETERSBURG FL			3.	4. CITY-S	ST-ZIP	3	IT- PETERSB	ire	_F_	3370) 9	
TITLE			☐ DELETE	4.	1 TITLE						Chang	ge	
NAME I				4.	2 NAME		-						
STREET ADDRESS				4.	3 STREE	TADDRES	is					ን	
CITY-ST-ZIP				4.	4 CITY-S	T-ZI₽							
TITLE			☐ DELETE	5.	1 TITLE						☐ Chang	ge . Addition	
NAME .				5.	2 NAME			•	1				
STREET ADDRESS				5.	3 STREE	T ADDRES	ន			*			
CITY-ST-ZIP				5.	4 CITY-S	T-ZIP							
TITLE			☐ DELETE	6.	TITLE						☐ Chang	ge 🔲 Addition	
NAME				6.	2 NAME								
1	i			6.	3 STREE	TADDRES	38						

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 apparticularly address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

QUINED TED NAME OF SIGNING OFFICER OR DIRECTOR