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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P92000004149 (0)

CHALLENGER CARPET DISTRIBUTOR INC.

Principal Place of Business

Malling Address

FILED May 11 1998 8:00am Secretary of State



1585 W. 35 HALEAH FL	-	1585 W. 35 PL HIALEAH FL 33012			DO NOT WRITE I	N THIS SPACE	·	
					11/09/1992			
2. Principal Place of Business a				Λι	4. FEI Number	<u> </u>	Applied For	
2. Principal Place of Business 7 PIACE 2a. Mailing Address 26 1585 WEST 35			15 69 1	44C-	65-0404840		ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional Required	
City P Ctal	CALEAH, MA. 330/2 28 HIALEAH, MA		Kin.	33012	Election Campaign Financing Trust Fund Contribution	_	\$5.00 May Be Added to Fees	
Zip 330	Country	29 330/2 3	Country	U.S.A.	This corporation owes or has paid Personal Property Tax due June 3		ntangible No	
	Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent		
G/	ARCIA, JOSE		81	Name				
15	85 W 35 PL		82	Street Addi	ress (P.O. Box Number is Not Acceptable	e)		
HI	ALEAH FL 33012					<u> </u>		
			83	1				
			84	City		FL 85 Zip	Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typic or registered agent and light of applicability. (NOTE Registered Agent signature required when reinstating) DATE								
10	Signature: Typed or printed name of registered agen OFFICERS AND			ent signature requir		DATE DIRECTO	DC IN 10	
12.	0	DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	GARCIA. JOSE		1.2 NAME					
STREET ADDRESS	728 W. 53 PL		1.3 STREET	LADDRESS			ļ	
CITY-ST-ZIP	HIALEAH FL 33014		1.4 City- 9	- 1			1	
TITLE			2.1 TITLE			Change	Addition	
NAME	GARCIA, GISELA		2.2 NAME 2.3 STREET ADDRESS				1	
STREET ADDRESS	728 W, 53 PL							
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CITY-	ST-ZIP				
TITLE	DELETE 3.17		3.1 TITLE			☐ Change	Addition	
NAME	3.2		3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		DÉLETE 4.1				☐ Change	Addition	
NAME			4. 2 NAME	1				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		[] octave	4.4 CHY - S	ST-ZIP		04		
TITLE		L DELETE	5.1 TITLE			☐ Change	Addition	
NAME		ı	5.2 NAME					
STREET ADDRESS			5.9 STREET					
CITY-ST-ZIP		DELETE	54 CITY- S	ST-ZIP		Change	Addition	
TITLE		ר ווינונונ	611IILE			∟. Unange	☐ vacinou	
NAME			6.2 NAME	45.005.00				
STREET ADDRESS			6.3 STREET	l l]	
14. hereby c	perity that the information surplied with	h this filing does not qualify the	6.4 CITY-S		Section 119 07(3Vi) Florida Statutos 15	irther certify that the	e information	
14. I hereby certify that the information supplied with this filling does not quality 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 type 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 recover or trustee embowing 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.								

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4/30/98

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