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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90135 026 \*\*\*150.00

## DOCUMENT # P93000023548

1. Corporation Name

CARPET SALES & DISTRIBUTORS, INC.

Principal Place	of Business	1.118-7-	Mail	ling Address					1	{	B 18488 (4))); B3(4)	UBIH AUNI B		I HILLE DIF	1 BF861	
2101 W. ATLANTIC BLVD.			2101	2101 W. ATLANTIC BLVD												
126			126						DO NOT WRITE IN THIS SPACE							
POMPANO BEACH FL 33069			POM	POMPANO BEACH FL 33069					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed							
03			03						<b>]</b>	03/25/1993						
2. Principal Pl	ace of Business		2a.	Mailing Addre	SS_				4.	FEI Number				A	pplied	For
21			26	_				• -		65-039488	8			N	lot Ap	plicable
Suite, Apt.	#, etc.	u		Suite, Apt. #, e	etc.				1_	Certifcate of S	tatue Desired		•	8.75	Addi	tional
22			27						3.	Certificate of 5	tatus Desired			Fee R	tequir	ed
City & State	ė į		$\Box$	City & State					6.	Election Camp	aign Financin	g $\square$		\$5.00		
23		_	28	<del>-</del>					4	Trust Fund Co	•			Added	to Fe	es
Zip	Counti	у		Zip		Country	У		8.	This corporation		urrent year		ble Yes	1	ý No
24	25		29	and Amond	36	<u> </u>			40	Personal Prop		v Register			4	10,
	9. Name and Addr	ess of Current	Registe	erea Agent		81	1 N	Name	10.	, Raille allo Ao	idless of No	· icogistoi	ou rige	···		
CAM	PBELL, STAN PA						1_									
	E HALLANDALE BE	ACH BLVD				82	2   S	Street Addre	ess (P	P.O. Box Number	er is Not Acce	ptable)				
	ANDALE FL 33009					83	3									
						_	_			-				1		
						84	4  C	City				F	FL ∣°	i5 Zip	Code	9
11. Pursuant	to the provisions of Sec egistered agent, or both	tions 607.0502	and 60	7.1508, Florid	a Statutes,	, the aboy	ve-na	amed corpo	oration	n submits this s	tatement for the	he purpose	e of cha	nging it	s reg	istered
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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 chapter or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**