

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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90021 015 \*\*\*150.00

DOCUMENT # P93000062179

1. Corporation Name

INNOVATIVE CARPET SYSTEMS, CO.

Principal Place of Business

1 N OCEAN BLVD  
SUITE 4  
BOCA RATON FL 33432  
US

Mailing Address

1 N OCEAN BLVD  
SUITE 4  
BOCA RATON FL 33432  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

65-0436195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 907 N. Fed Hwy

Suite, Apt. #, etc.

22 City & State  
Boynton Beach

23 Zip  
33435

24 Country  
P. Beach

2a. Mailing Address

26 907 N. Fed Hwy

Suite, Apt. #, etc.

27 City & State  
Boynton Beach

28 Zip  
33435

29 Country  
P. Beach

9. Name and Address of Current Registered Agent

GIACOMINO, MATTHEW  
8345 NORTH CORAL CIRCLE  
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

298 N.W. 6 AV

83

84 City BOCA RATON

FL

85 Zip Code  
33432

11. 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME  
GIACOMINO, MATTHEW  
STREET ADDRESS  
8345 NORTH CORAL CIRCLE  
CITY-ST-ZIP  
NORTH LAUDERDALE FL 33068

TITLE D ☐ DELETE

NAME  
GIACOMINO, ELIZABETH L  
STREET ADDRESS  
8345 N CORAL CIRCLE  
CITY-ST-ZIP  
N LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

298 N.W. 6 AV  
BOCA RATON, FL 33432

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

298 N.W. 6 AV  
BOCA RATON, FL 33432

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)