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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000065345 (9)

WITTE'S CARPETS PLUS INC.

**FILED** Feb 23 1998 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address	Mailing Address		- I TABBILOOK SIN FRION TITIS BOTT BOTT BOTT BOTT BOTT BILL BILL BILL BILL BILL BILL BILL BI	
·						
22901 MYRTLE LAKE LANE LAND O LAKES FL 34639			22901 MYRTLE LAKE LANE LAND O LAKES FL 34639			
		Sills o ships is 9400			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/15/1993	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3199700	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	-1		C. Commodo di Cidido Dedireo	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the o	_ · _ ·
24	[25]	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent		ad u	10. Name and Address of New Registere	d Agent
WITTE, MARK				81 Name		
22901 MYRTLE LAKE LANE LAND O LAKES FL 34639			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)		
					, , , , , , , , , , , , , , , , , , , ,	
			ſ	83		
				84 City		85 Zip Code
				84 City	F:	L 85 Zip Code
11. Pursuani	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the at	ove-named corp	poration submits this statement for the purpose	of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the obli	te of Florida. Such change was a nations of Section 607 0505. Fix	authorized orida Stati	i by the corporal	lion's board of directors. I hereby accept the ap	opointment as registered
_		ga	maa biar	a105.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOT)	E Registered	Agent signature requi	red when reinstating) DATE	<del></del>
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	D	☐ DELE <b>TE</b>	1.1 Til	LĒ		Change Addition
NAME	WITTE, MARK		1.2 NA	ME		
STREET ADDRESS	ACCOUNTY FIRST FAMILY		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639	_	1.4 CII	Y-ST-ZIP		
TITLE	D	DELETE	2.1 10			☐ Change ☐ Addition
NAME	WITTE, KATHLEEN	, -	2.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 34639			TY-ST-ZIP	: : : : :	
TITLE	TAIL O DAILO I L'OTOGO	☐ DELE <b>TE</b>	3.1 717			Change Addition
NAME		<u> </u>	3.2 NA			
STREET ADDRESS				REET ADDRESS		
	·			TY-ST-ZIP		
CITY-ST-ZIP TITLE	<del>  -</del>	DELETE	4.1 TiT			Change Addition
		- Deceme	4.1 M			and an analysis and a second
NAME OTDECT ADDOCCO				4		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP	<del></del>	Change Addition
TITLE	}	☐ VECEIE	5.1 717			Change Changing
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	_	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	ŀ		☐ Change ☐ Addition
NAME			6.2 NA	ME 1		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-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.