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

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000003219 (0)

EW CARPET INSTALLATIONS, INC.

Principal Place of Business Mailing Address 6601 WINGIELD BLVD 6801 WINFIELD BLVD DO NOT WRITE IN THIS SPACE MARGATELFL 33063 MARGATE VFL 33063 3. Date Incorporated or Qualified 01/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0459737 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 WORTHINGTON, EDWARD WortHINGTON 6601 WINFIELD BLVD #A3 MARGATE FL 33063 83 64 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 Statu 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE EDWARD WORTHINGTON Change
1501 NW 41St
FT LAUD FL 33369 1.1 TITLE TITLE WORTHINGTON, EDWARD 1.2 NAME NAME 6601 WINFIELD BLVD APT A3 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 1.4 CITY-ST-ZIP CRY-SI-7P DELETE Addition TITLE 21 TITLE

4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIP ☐ Change ☐ Addition DELETE 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS

22 NAME

3.1 TITLE 3.2 NAME

4 1 TITLE

4 2 NAME

☐ DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

34. CITY-ST-ZIP

2 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 feport 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.

02/2/98

FILED

Feb 16 1998 8:00am

Secretary of State

Change

Change

\_\_\_ Addition

Addition