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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000029099 (6)

CLOBES CARPETING, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			0 11014 10111 20 110 10110 1011 1001
610 S.E. 4TH AVE. 610 S.E. 4TH AVE.					
POMPANO BEACH FL 33080 POMPANO BEACH FL 33			3090		
		, , , , , , , , , , , , , , , , , , ,		DO NOT WRITE IN THIS SPACE	
ļ				3. Date Incorporated or Qualified	
				04/15/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		26		65-0493151	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
. City & State		City & State	······································		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7 _{IP}	Country		Added to Fees
24	26	<u>├</u> ─┐	ю	This corporation owes or has paid the corporation owes. Output Description Descri	Yes No
	9. Name and Address of Curre		7 T	10. Name and Address of New Registere	
SKELTON, RAYMOND J					
12164 S.W. 51ST COURT			82 Street Ad	desa (D.C. Dan March - C. Nacida - C. Naci	
l 6	COOPER CITY FL 33330		OZ SIFEET AU	dress (P.O. Box Number is Not Acceptable)	
			83		· · · · · · · · · · · · · · · · · · ·
			84 City		I1 - 6 -
			• • •	F.	2ip Code
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 recipitated.					
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, typod or printed name of registered age		Registered Agent aignature req	uired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
NAME	CLOBES, DONALD A.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	610 SE 4TH AVE		1.2 NAME		
CITY-ST-ZIP	POMPANO BEACH FL		1.3 STREET ADDRESS		
TITLE	VS	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	CLOBES, DEREK A.		2.1 ITLE 2.2 NAME		FT Change FT Vocition
STREET ADORESS	610 SE 4TH AVE				
CITY-ST-ZIP	POMPANO BEACH FL		2.3 STREET ADDRESS		ļ
TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C. cuantic C. Montion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELFTE	6.1 TITLE	Marie Control of the	☐ Change ☐ Addition
NAME			6.2 NAME		. –
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 execute 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.

4-24-98 (954) 783-7758