

E NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000042779 (6)**

Corporation Name

CARPET INSTALLATIONS BY DEAN REDUS, INC.

Principal Place of Business

15 NE 17 AVE
POMPANO BEACH FL 33060

Mailing Address

215 NE 17 AVE
POMPANO BEACH FL 33060

APPROVED
AND
FILED

95 APR 12 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report
4. FEI Number 65-0495411	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
25	29

9. Name and Address of Current Registered Agent

REDUS, DEAN
215 NE 17 AVE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	REDUS, DEAN	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	215 NE 17 AVE	1.2 NAME	500001455185
3. CITY - ST - ZIP	POMPANO BEACH FL 33060	1.3 STREET ADDRESS	-04/13/95--01006--031
4. NAME		1.4 CITY - ST - ZIP	****200.00 ****200.00
5. STREET ADDRESS		2.1 TITLE	☐ Change ☐ Addition
6. CITY - ST - ZIP		2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY - ST - ZIP	
9. CITY - ST - ZIP		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY - ST - ZIP		3.4 CITY - ST - ZIP	
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY - ST - ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY - ST - ZIP	
17. STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
18. CITY - ST - ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY - ST - ZIP	
21. CITY - ST - ZIP		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY - ST - ZIP		6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Kevin D. Redus 4/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone