

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071830 (1)**

1. Corporation Name

P.S.P. DISCOUNT TILE & CARPET CO.



Principal Place of Business

**2850 STIRLING RD.
UNIT D
HOLLYWOOD FL 33021**

Mailing Address

**2850 STIRLING RD.
UNIT D
HOLLYWOOD FL 33021**

2. Principal Place of Business

21 **4020 N HILLS DR**

Suite, Apt. #, etc.

22 **34**

City & State

23 **Hollywood, FL**

Zip

24 **33021**

Country

2a. Mailing Address

26 **4020 N HILLS DR**

Suite, Apt. #, etc.

27 **34**

City & State

28 **Hollywood FL**

Zip

29 **33021**

Country

9. Name and Address of Current Registered Agent

**SANIEI, PARVIZ
4020 N. HILLS DR.
UNIT 34
HOLLYWOOD FL 33021**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/27/1994

3a. Date of Last Report

04/21/1995

4. FET Number

65-0527136

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

10. Name and Address of New Registered Agent

I, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent or director

Signature typed in printed name of registered agent or director

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE

NAME **(President)**

STREET ADDRESS **SANIEI, PARVIZ**

CITY-ST-ZIP **4020 N. HILLS DR. #34**

HOLLYWOOD FL 33021

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000001884180

-07/03/96--01108--006

*****225.00**

☐ Change ☐ Addition

7/2 JZ

14. 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)(c), 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: **PARVIZ SANIEI (PRESIDENT)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSANIEI

06-25-96

DATE: **06-25-96**

CR2E034 (12/95)