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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088492

1. Corporation Name

DUBOIS RUG DESIGNS, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90073 028 ***150.00



Dringing Bloom	a of Duainage	Mailing Address		I (##)/##) tim iffitt frifit fifti aum seite ansiet.	19191 19111 91919	18114 1181 1441	
Principal Place of Business		•					
3170 N FEDERAL HWY. 100		3170 N FEDERAL HWY. 100					
LIGHTHOUSE POINT FL 33064		LIGHTHOUSE POINT FL 33064		DO NOT WRITE IN THIS SPACE			
,	•				3. Date Incorporated or Qualifed	7.01	
					12/06/1994		
-2Principal Pl	lace:of.Business:	= 2a Mailing: Address			-4 FEI Number	J	oplied For
21		26			65-0538012		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	Additional
22		27			5. Corandate of States Desired	Fee Re	equired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country		y	8. This corporation owes the current year In	tangible	j
24	25	29 30	ה		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		'		10. Name and Address of New Registered	Agent	
	9. Haile and Address of Continu	registorea Agent	8	1 Name	10.		
DUBOIS, AMY C		01 110,775					
3170 N FEDERAL HWY, 100		82 Street Add		2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
			L				
LIGHTHOUSE POINT FL 33064			8	3	•		ļ
}			<u> </u>	4 0"		as Zin	Code
	_		8	\$ City	FL	85 Zip	Code
44 Burayant	to the provinces of Sections 607 0502	and 607 1508 Florida Statutes	the abo	_L ve-named.co	rporation submits this statement for the purpose o	changing its	registered
l office or n	egistered agent, or both, in the State o	if Florida. Such change was auth	orized b	y tne corpora	tion's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statute	s.			
SIGNATURE							
	Signature, typed or printed name of registered agent		gistered Ag	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE .	DPS	☐ DELETE	1.1 TITLE	1	PRESIDENT, SECRETARY	Change	☐ Addition
NAME	DUBOIS, AMY C		1.2 NAME	1	AMY C. DUBOIS		
STREET ADDRESS	5030 NE 26TH TERR		1.3 STRE	ET ADORESS 2	2911 NE 4044 CT.	_	ļ
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1,4 CITY-	ST-7IP 1	IGHT HOUSE POINT, FU 3	3064	
TITLE	Т	☐ DELETE	2.1 TITLE	-	Peasurel	Change	☐ Addition
:	DUBOIS, RICHARD E		2.2 NAME	<i>غ</i> ا.	ICHARD E. DUBOIS	_	i
NAME						:	ì
STREET ADDRESS	5030 NE 26TH TERR		2.3 STRE	ET ADDRESS	29/1=NE=40th-CT:	- A.	-
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2. 4 CITY	ST-ZIP	LIGHTHOUSE POINT, FL 331	164	*
TITLE		☐ DELETE	3.1 TITLE		······································	☐ Change	Addition
NAME			3.2 NAME				J
STREET ADDRESS			3.3 STRE	ET ADDRESS			ì
			3.4. CITY				}
CITY-ST-ZIP	 		4.7. 4111				☐ Addition
		□ DELETE	41 T/D =			Change	— j
NAME	•	☐ DELETE	4.1 TITLE			∐ Change	ļ
1		☐ DELETE	4. 2 NAM	E .		Change	Ì
STREET ADDRESS	,	☐ DELETE	4. 2 NAM			Change	
-		☐ DELETE	4. 2 NAM	E ET ADORESS		Change	
STREET ADDRESS		☐ DELETE	4. 2 NAM 4.3 STRE	ET ADORESS ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		_	4. 2 NAM 4.3 STRE 4.4 CITY	E ET ADORESS ST-ZIP			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4. 2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAMI	E ET ADORESS ST-ZIP			☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS			☐ Addition
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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, with all other like empowered.