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

PROFIT CORPORATION ANNUAL REPORT 1998

NAME STREET ADDRESS



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000059308 (3)

BUCCANEER CARPET & UPHOLSTERY, INC.

	NAME OF THE PARTY							
Principal Place of Business Mailing Address								
6409 EL DOR	6409 EL DORADO DRIVI							
TAMPA FL 33	615	TAMPA FL 33615	H015		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					08/01/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		<del></del>	plied For
21		26		59-3329444			t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ <b>&gt;</b>	<b>6./3</b> A Fee Re	dditional	
22		27   City & State		- Firefire Consider Firefire			·	
City & State	9	<b>⊢</b> ''		Election Campaign Financing     Trust Fund Contribution		<b>55.00</b> i Added to		
Zip Country		Zip Country						
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ' No			
24	9. Name and Address of Current Registered Agent		-	10. Name and Address of New Registered Agent				
THI	E LAW FIRM OF LAWRENCE J S	SPIEGEL CHRTD	81	Name		-		
343 ALMERIA AVENUE			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
CORAL GABLES FL 33134								
			83				•	- ,
ļ			84	City		8	5 Zip C	Code
			{	•		FL (	1	
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig-	12 and 607.1508, Florida Stati 3 of Florida, Such change was 1atlons of, Section 607.0505, F	utes, the above- s authorized by t Florida Statutes.	named corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of cha ppt the appointr	nging its nent as i	registered registered
SIGNATURE	Signature, typed or printed name of registered age	and and type it conting to a	OTE: Registered Agent	elenature require	ad when reinstation	DATE		
12.		ID DIRECTORS	13.	signature require	ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE	1			Change	Addition
NAME	HIMEL, GERALD		1.2 NAME					
STREET ADDRESS	6409 EL DORADO DRIVE		1.3 STREET A	DDRESS				
CITY - ST - ZIP	TAMPA FL 33615		1.4 CiTY - ST-	ZIP				
TITLE	ST	DELETE	2.1 TITLE				Change	Addition
NAME	HIMEL, CAROLYN		2.2 NAME					
STREET ADDRESS	6409 EL DORADO DRIVE		2.3 STREET A	DDRESS	11.			
CITY-ST-ZIP	TAMPA FL 33615		2, 4 CITY-ST	-ZIP	Same person			
TITLE	D	☐ DELETE	3.1 TITLE		same alison		Change	L Addition
NAME	UNDORF-HIMEL, CAROLYN		3.2 NAME	1	C00.1. 1			
STREET ADDRESS	6409 EL DORADO DRIVE		3.3 STREET A	DDRESS				
CITY - ST - ZIP	TAMPA FL 33615		3.4. CITY-ST	-ZIP				
TITLE		DETELE	4.1 TITLE	-		ш	Change	Addition .
NAME			4. 2 NAME					į
STREET ADDRESS			4,3 STREET A					
CITY - ST - ZIP		1 00,000	4.4 CITY-ST-	ZIP		- 1	Change	Addition
TITLE		☐ DELETE	5.1 TITLE			لسا	Change	CONTRACT TO
NAME			52 NAME					
STREET ADDRESS			5.3 STREET A					
CITY CT. 71D	· ·		5.4 CITY - ST-	.7IP				

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 inchanged, or on an attachment with an address.

6.1 TITLE 6.2 NAME

**FILED** 

Jan 15 1998 8:00am

Secretary of State