

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 AUG -8 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000064573 (5)**

1. Corporation Name

ARTISTIC CARPETING, INC.

Principal Place of Business

**3041 WEST MARINA
FORT LAUDERDALE FL 33312**

Mailing Address

**3041 WEST MARINA
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

21

Suite, Apt. #, etc.

3031 COVE DRIVE

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

BROWARD

2a. Mailing Address

26

Suite, Apt. #, etc.

3031 COVE DRIVE

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

BROWARD

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

08/06/1996

4. FEI Number

65-0605175

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOONE, CHRISTOPHER
3041 WEST MARINA DRIVE
FORT LAUDERDALE FL 33312**

81 Name

BOONE, CHRISTOPHER

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

3031 COVE DRIVE

83

FORT LAUDERDALE FL

84 City

FL

85 Zip Code

33312

10. Name and Address of New Registered Agent

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOONE, CHRISTOPHER	
STREET ADDRESS	3041 WEST MARINA DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOONE, CHRISTOPHER	
1.3 STREET ADDRESS	3031 COVE DRIVE	
1.4 CITY-ST-ZIP	FORT LAUDERDALE FLA. 33312	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE

Christopher Boone

Dr. 11/21/1997 981-1357

CR2E034 (4/97)

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Artistic Carpeting, Inc.
3031 Cove Dr.
Ft. Lauderdale, Fl 33312
Telephone: (954) 981-1357

July 31, 1997

To Whom It May Concern,

This is our 2nd attempt to pay the annual filing fee of \$165.00. The original check #1460 was mailed on April 20, 1997 according to our records. It must have been lost in the mail because it still shows as outstanding on our bank reconciliation.

I called The Department of State regarding this matter, and they told me to explain in writing what happened and send a check for \$165.00.

If you have any further questions, please contact me at the above telephone number.

Thank You,



Christopher Boone
Artistic Carpeting, Inc.