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

**PROFIT** CORPORATION ANNUAL REPORT



## Bandre B. Mortham

Secretary of State

## FLORIDA DEPARTMENT OF STATE

**FILED** Oct 06 1998 8:00am Secretary of State

	1998	UIVISION	OF CORPOR	4110113			_		
DOCU 1. Corporation	MENT # P9600007	2564		•					
пАТ:	IONAL WHOLESALE	CARPET, INC							
Principal Plac	pe of Business	Mailing Address				-			
6443 1	N.W. 23rd St.	6443 NW	23rd S	+		1 .			
	gate, FL	Margate,				DO NOT WRIT	C IN THIS	CDACE	
33063	gate, Fh	33063	+ 13			3. Date incorporated or Qualified		SPACE	
						8/30/96			
	Place of Business	2a. Malling Address				4. FEI Number			oplied For
	I W.Mc Nab Rd	26				65-0693106			ot Applicable
Suite, Apt.	. #, GIC.	Suite, Apt. #, etc	<b>.</b>			5. Certificate of Status Desired			Additional equired
City & Star	te	City & State			• • • • • • • • • • • • • • • • • • • •	6. Election Campaign Financing		\$5.00	May Be
23 Tam	parac FL	28				Trust Fund Contribution			to Fees
Zip 33332	Country	Zip	Cou	nlry		8. This corporation owes or has p			
24 3000		29	30			Personal Property Tax due Juni			No
····	9, Name and Address of Curren	t Hegistered Agent		81 N	eme	10. Name and Address of New R	egistered .	Agent	
T	- Doniel					•			
	e, David			82 S	reet Addr	ess (P.O. Box Number is Not Accepta	ble)		
	N.W. 23rd Street			83					· · · · · · ·
Marga	te, FL 33063								
				84 C	ity		FL	95 Zip	Code
11. Pursuant office or i agent. I s SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliging the control of the co	2 and 607.1508, Florida S of Florida, Such change ations of, Section 607.050	Statutes, the at was authorized 55, Florida Stat	ove-ne by the utes.	med corp corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of the app	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed of printed name of registered age	nt and title if applicable	(NOTE: Registered	Agent si	nalure require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.		- 11	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	D	DELET	E 1.1 TO	ILE	'			Change	Addition
NAME	Lepore, David		1.2 N/						
STREET ADDRESS	6443 NW 23rd Str		1.3 ST	REET ADD	ress				
CITY-STUZIP	Margate, FL 330	163		1Y - ST - ZI	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	T-12.	
TITLE		☐ DÉLET						☐ Change	Addition Addition
NAME	1		22 N						
STREET ADDRESS	į			REET ADD	1				
CITY-ST-ZIP	<del></del>	DELET		11Y-ST-2	<u>P</u>			Change	Addition
NAME		J. DECEI	3.3 NA		ſ	8000026	:57°	198	LL NOVING
STREET ADDRESS				WIE REET ADD	RESS	-10/07/980	$10\overline{20}$ -	047	
CITY-ST-ZIP			2.00	11Y-ST-Z	1	***550.00			
TITLE	<del> </del>	DELET			<del>`  </del> -		<del></del>	☐ Chan e	☐ Additigin
NAME			4.2 N			•			<u></u>
STREET ADORESS				REET ADD	RESS			<b>A</b>	/////
CITY-\$1-21P				TY-ST-ZII					'40
TITLE		☐ DELET						☐ <b>#</b> hange	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$7	REET ADD	RESS				
CITY-ST-ZIP	<u> </u>			TY - ST - ZII					
TITLE		☐ DELET	E 6111	ſĹŧ				Change	Addition .
NAME	1		6.2 N	ME					
STREET ADORESS		•	6357	REET ADD	RESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP