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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002560

1. Corporation Name, SLJ CARPET, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90043 019 ***150.00



	AND TOTAL							
Principal Plac	e of Business	Mailing Address				-	EBI31 8010 1:001 4111	81151 48 11 1881
11564 LAKEVIEW DRIVE 11564 LAKEVIEW DRIVE								
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	THIS SPACE	····
						01/06/1997		ł
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	TA	pplied For
	. ,	26				65-0648798	<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				_		Additional
22		27				5. Certifcate of Status Desired	Fee R	equired
City & Stat	e	City & State			·	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip				ntry	•	8. This corporation owes the current ye	ar Intangible	_
24	25	29	30			Personal Property Tax.	☐ Yes	□No ·
	9, Name and Address of Curren	t Registered Agent				10. Name and Address of New Registe	ered Agent	
				81	Name			
SHAW, LOWELL R 11564 LAKEVIEW DRIVE CORAL SPRINGS FL 33071				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
						· · · · · · · · · · · · · · · · · · ·		
				83				
				84	City		85 Zip	Code
					•		FL o z	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State of Florida, Such change was	utes, the a	bove-	-named corpor	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing it appointment as f	s registered egistered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, F	lorida Stat	utes	and donporation			1
SIGNATURE		1						
	Signature, typed or printed name of registered ager			Agent	signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		OPS IN 12
12.	Y	ID DIRECTORS	13. 1.1 Ti	D E		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	P	L OCILIC	1.1 N				185 W	\$
NAME	SHAW, LOWELL		1.2 19	AMIC.			440 "	
STREET ADDRESS	61.1564 LAKEVIEW DR		110	rocct .	ADDOECC	At a March of the profession	到"法师法"	
CITY-ST-ZIP	CODAL COCC EL 00074	•			ADDRESS	With the District of the control	· 相 [1] [1] [1]	
	CORAL SPGS FL 33071		1.4 C	TY-ST		SUIT HELD IN THE PERSON	,	
TITLE	VP 1982 FL 33071	Ç N Ç Ç DELETE	1.4 CI 2.1 TI	TY-ST		S. THE STORY	☐ Change	
NAME	VP (SHAW, CATHY)	DELETE	1.4 CI 2.1 TI 2.2 N	TY-ST- TLE AME	- ZIP	S. THE STATE OF THE	,	
NAME STREET ADDRESS	VP SHAW, CATHY 11564 LAKEVIEW DR	Ç NÇ ÇÇÇÇ DELETE	1.4 CI 2.1 TI 2.2 N 2.3 S	TY-ST- TLE AME TREET	-ZIP ADDRESS	S. THE STORY	,	
NAME STREET ADDRESS CITY-ST-ZIP	VP (SHAW, CATHY)		1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	TY-ST- TLE AME TREET	-ZIP ADDRESS	S. THE STORY OF THE PROPERTY	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP SHAW, CATHY 11564 LAKEVIEW DR	DELETE □ DELETE	1.4 Ct 2.1 Tt 2.2 N 2.3 S 2.4 C 3.1 Tt	TY-ST- TLE AME TREET / TTY-ST	-ZIP ADDRESS	S. THE ST. THE THE	,	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VP SHAW, CATHY 11564 LAKEVIEW DR		1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl	TY-ST- TLE AME TREET A TLE TLE	-ZIP ADDRESS T-ZIP	S. THE ST. P. A. LEWISTON	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP SHAW, CATHY 11564 LAKEVIEW DR		1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TY-ST- TLE AME TREET / TLE AME TREET /	ADDRESS T-ZIP ADDRESS	S. THE ST. P. S. T. LEWIS CO.	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, CATHY 11564 LAKEVIEW DR	☐ DELETE	1.4 Ct 2.1 TT 2.2 N 2.3 S 2.4 C 3.1 TT 3.2 N 3.3 S 3.4 C	TY-ST- TLE AME TREET TLE AME TREET	ADDRESS T-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP SHAW, CATHY 11564 LAKEVIEW DR		1.4 Cd 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl 3.2 N 3.3 S' 3.4 C 4.1 Tl	TY-ST-TLE TREET TREET TREET TREET	ADDRESS T-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CORAL SPGS FL 33071 VP SHAW, CATHY 11564 LAKEVIEW DR CORAL SPGS FL 33071	☐ DELETE	14 CI 2.1 TI 22 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N	TY-ST- TLE AME TREET TLE TREET TREET TREET TLE TREET	ADDRESS T-ZIP ADDRESS F-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	CORAL SPGS FL 33071 VP SHAW, CATHY 11564 LAKEVIEW DR CORAL SPGS FL 33071	☐ DELETE	14CC 21TI 22N 23S' 24C 31TI 32N 34.C 41TI 4.2N 43S' 44C 51TI 52N 53S' 54C	TY-SIT- TILE TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		☐ Change	Addition Addition Addition Addition
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CITY-ST-ZIP 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: