

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90122 011 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003828

1. Corporation Name
CARPET UNIVERSE, INC.

Principal Place of Business
**5203 N. STATE ROAD 7
TAMARAC FL 33319**

Mailing Address
**5203 N. STATE ROAD 7
TAMARAC FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1997

4. FEI Number
65-0720943

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **7546 W. M'NAB RD**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7546 W. M'NAB RD**
Suite, Apt. #, etc.

22 **B-13**
City & State
23 **W. Lauderdale FL**

27 **B-13**
City & State
28 **W. Lauderdale FL**

Zip Country
24 **33068** 25 **USA**

Zip Country
29 **33068** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERMAN, MARVIN
5203 N. STATE RD 7
TAMARAC FL 33319

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7546 W. M'NAB RD
83 **B-13**
84 City **W. Lauderdale** 85 Zip Code **FL 33068**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	LIEBERMAN, MARVIN	5203 N. STATE ROAD 7	TAMARAC FL 33319	<input type="checkbox"/>
		7546 W. M'NAB RD	W. Lauderdale FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **Marvin Lieberman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 **954-4739300**
Date Daytime Phone #

CR2E034 (11/98)