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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024850 (4)

CALADIUM CARPET INC.

Principal Place of Business

Maiting Address

FILED May 04 1998 8:00am Secretary of State



40F DOLLOANS								
185 BOUGAINVILLEA STREET NE LAKE PLACID FL \$3852		165 Bougainvillea street Ne Lake Placid Fl 33852						
Date / Crisio	16 80002	LANC PLACID PL 33032			DO NOT WRIT	TE IN THIS SPAC	Œ	
				3. Date	e Incorporated or Qualified	i		
				03/	17/1997			
	lace of Business	2a. Mailing Address		4, FEI	Number		Ar	plied For
1 10 N.	MAIN ST	26 10 N. MAIN	ST.	69	5-0744011			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		- 0 /		\${	ightarrow	Additional
2		27		5. Cert	ificate of Status Desired		Fee Re	
City & State		City & State		6, Elec	tion Campaign Financing	\$	5.00	May Be
	PLACID FL	28 LAKE PLAUS	0 FL	I	t Fund Contribution			to Fees
Zip	Country	Zφ	Country	8. This	corporation owes or has p	paid the current	ear Int	angible
<u> 3385</u>		29 33852	30 USA		onal Property Tax due Jur] No
	g. Name and Address of Curren	t Registered Agent			ne and Address of New R	legistered Agen	t	
WAI	rner, alan		81 Na	me				
	BOUGAINVILLEA STREET NE		82 St	eet Address (P.O. B	ox Number is Not Accepta	able)		
	KE PLACID FL 33852			001 Fladi 000 (F.O. D	ox Humbor is Not Accept	3010)		
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			24 0		 -			
			84 Ci	у		FI 85	Zip (Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-nar	ned corporation sub	mits this statement for the	purpose of char	i Naina it:	s registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	authorized by the	corporation's board	of directors. I hereby according	ept the appointm	ent as	registered
	and a second transfer and only	11,0000,100 (10,000)	orida otalates.					
CICNIATURE								
	Signature, typed or printed name of registered age:	is and tile if apple ablo (NOT	E Registered Agent sig	ature required when reinsta	ling)	DATE		
	Signature, typed or printed name of registered age OFFICERS AND		E Registered Agent sig				ECTOR	\$ IN 12
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