PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031259

1. Corporation Name

ORIENTAL CARPET TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

283 SE MONTEREY ROAD STUART FL 34994

283 SE MONTEREY ROAD STUART FL 34994

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90020 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/07/1997

2. Principal Pla	ace of Business	2a. Mailing Address	_	. 20 >	. !	4. FEI Num	ber		Ap	plied For	
1501	SE DECKER AVE. 26 483 SE MON			EY KI	D،	65-075	4431		No	t Applicable	
Suite, Apt. #	ot. #, etc. Suite, Apt. #, etc.				- 1		e of Status Desired		\$8.75 A	I .	
22 SUITE 510 27 City & State City & State						6 Flection	Campaign Financing		\$5.00	May Be	
STUART, FL 28 STUART, FI					\perp		nd Contribution		Added t		
Zip Country Zip			Country				ooration owes the cui	rent year Int			
24 34994 25 USA 29 34994 30				O 37 C Torsonal Froporty Tax.					□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
KALIL, GLEN				oi Name							
283 SE MONTEREY ROAD				82 Street Address (P.O. Box Number is Not Acceptable)							
STUART FL 34994				483 SE MONTEREY ROAD							
210AH1 FL 34994				83							
				City FL 85 Zip Code							
44 December 15 carried as 15 carried 507 0502 and 507 1508 Florida Statutes the above named comparation 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.			NS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	KALIL, GLEN	:	1.2 NAME							j	
STREET ADDRESS	283 SE MONTEREY ROAD		1.3 STREE	T ADDRESS	48	3 5E	MONTEREY	ROAD			
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-5	T-ZIP							
TITLE		☐ DELETE 2.1 π							☐ Change	☐ Addition	
NAME	22		2.2 NAME								
STREET ADDRESS			2.3 STREE	TADDRESS						ļ	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2. 4 CITY-	ST-ZIP			· · ·				
TITLE	☐ DELETE 3		3.1 TITLE						Change	Addition	
NAME	3		3.2 NAME							Į	
STREET ADDRESS			3.3 STREE	TADORESS							
CITY-ST-ZIP			3.4. CITY-	ST-ZIP							
TITLE	☐ DELETE		4.1 TITLE						☐ Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREE	T ADDRESS							
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	_						
TITLE :	DÉLETE 5.1		5.1 TITLE						☐ Change	Addition	
NAME			5.2 NAME				•				
STREET ADDRESS			5.3 STREE	TADDRESS						-	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAME }	-14-31 W		6.2 NAME								
	PANELS AND LEAST		6.3 STREE	TADORESS							
CITY-ST-ZIP			6.4 CITY- 8	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 changed, or on an attachment with an address, with all other like empowered.

