PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033294

SOUZA FLOOR COVERING INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90024 022 ***150.00



Principal Place	or Business	Maining Au	01000					
2526 LINWOOD AVE		2526 LINWOOD AVE						
NAPLES FL 34112		NAPLES FL 34112				DO NOT WOITE IN	UIC CDACE	
	-					DO NOT WRITE IN T	HIS SPACE	
		•				3. Date Incorporated or Qualifed		
		•				04/11/1997		
Principal Place of Business 2a.			Mailing Address			4. FEI Number	Ap	plied For
Z. Tillidipart lace of Educations						59-3452508	No	t Applicable
21	<u> </u>	26]					\$8.75	Additional
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
		27					 	· ·
City & Stat	e	City &	City & State			6. Election Campaign Financing	\$5.00	
28						Trust Fund Contribution Added to Fees		
Zip	p Country Zip		Country		•	8. This corporation owes the current year Intangible		
-	25		36	30		Personal Property Tax. Yes No		
24	9. Name and Address of Curren			<u> </u>	-	10. Name and Address of New Registe	red Agent	
	3. Name and Address of State	H 1. 4. 3 / 2	(4.)	81	Name			Į.
en.		r mage open representation						
SOUZA, ANTHONY R SOUZEZE LINWOOD AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable) .				
				<u> </u>		9 8 7 1 1 2 2 4 2 4 7 5 8 4 7 3 4 7 3 5 4 7 3 5 4 7 3 5 4 7 3 5 4 7 3 5 4 7 3 5 4 7 3 5 6 7 5 6 7	180 - 180 -	100 310 153
NAP	LES FL 34112		Į.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	報告(報告) 45 計算(報告) 45	
				84	O:b	\$ 28 \$ \$ 00 ,800 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Code
							FL	
2000 1 012 5		2 and 607 1509	Elorida Statutes	the abov	e-named corr	poration submits this statement for the purpo- ion's board of directors. I hereby accept the s	e of changing its	registered
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such	change was aut	horized by	the corporati	on's board of directors. I hereby accept the a	ppointment as re	egistered
agent. I a	im familiar with and accept the obliga	itions of, Section	1 607.0505, Florid	Statutes 3	S .	. /.	100	ļ
SIGNATURE	Market Xxx		thank	DOW	29	1//0/	99	
SIGNATURE	Signature, typed printed name of edistered age	nt and title if applicable	NOTE: R		nt signature require	ed when reinstating): / ` DA	C AND DIDECT	3DC IN 12
12.	OFFICERS AN	ID DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICER		Addition
TITLE	DPST		☐ DELETE	1.1 TITLE		ର୍ଜ ଅଟଣ ଅଧିକ୍ର	☐ Change	[Vagagon
NAME	SOUZA, ANTHONY R			1.2 NAME				. 1
	·		13 STREE	TADDRESS			,	
STREET ADDRESS	= · · ·			1				ì
CITY-ST-ZIP	NAPLES FL 34112		DEFE	1.4 CITY-S	51-219		Change	Addition
TITLE			☐ DELETE	2.1 TITLE				_
NAME				2.2 NAME	ļ	•		
STREET ADDRESS				2.3 STREE	TADDRESS			
		فالجيوني ومراعري	N. A	2. 4 CITY-	ST-ZIP			
CITY-ST-ZIP		High Lating of the Salah High Subblick Lating	□ DELETE	3.1 TITLE			, ☐ Change	Addition
TITLE SUCH	DA ABORONI				ŀ			ļ
NAME	Probabilities of the			3.2 NAME				j
STREET ADDRESS				3.3 STREE	ET ADDRESS	1000年,1000年,李明	·說到2007年度	化压力 精
CITY-ST-ZIP	** *** ******			3.4. CITY-	ST-ZIP			T a detect
TITLE	<u> </u>		☐ DELETE	4.1 TITLE	\	为。在14年中的14年中的14年中的14年中的14年中的14年中的14年中的14年中的	Change	Addition
				4. 2 NAME	: 1			
NAME 111 55	nus .	9.0	41	43 STREE	ET ADDRESS			
STREET ADDRESS	3 1 · · · .	* 5 * *	•					·
CITY-ST-ZIP		<u> </u>	DELETE	4.4 CITY-	31-ZIP		☐ Change	Addition
TITLE	į		☐ DELETE	5.1 TITLE		e i su e u		
NAME				5.2 NAME		自我想到我们		ĺ
STREET ADDRESS	5]			5.3 STRE	ET ADDRESS			
	1 es or			5.4 CITY-	ST-ZIP	Jacks My C		
CITY-ST-ZIP	1 s <u></u>					· · · · · · · · · · · · · · · · · · ·		
TITLE	A A A L. ROSENIA IN THE		DELETE	6.1 TITLE			☐ Change	☐ Addition
'''	CHARLESTEET CONTRACTOR		☐ DELETE	•	ł		☐ Change	Addition
NAME	2520 USA 678		☐ DELETE	6.2 NAME			☐ Change	☐ Addition
	WAS THE CAME		DELETE	6.2 NAME	ł		☐ Change	

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 an attachment with an address, with all other like empowered.