COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90004 017 \*\*\*550.00

## OCUMENT # P97000045777

CARPET	BUSTERS OF SOUTH FL	.ORIDA: INC.	العام معامون أراع أواء والمداسوة	Character San		
		~			Secretary and the second secon	
· · · · · · · · · · · · · · · · · · ·			(2) 新加加斯·特	<b>和公元。</b> (《北京		30
ncipal Place of Business Mailing Address						
FORREST STREET LYWOOD FL 33021  5611 FORREST STREET HOLLYWOOD FL 33021						
			3021		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/22/1997	
· · · · · · · · · · · · · · · · · · ·		2a. Mailing Addre	ess		4. FEI Number Applied F	or
		26			65-0754645 Not Appli	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Addition	
		27		·	5. Certificate of Status Desired — Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May B	e ie
		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Co	ountry	8. This corporation owes the current year	
	25	29	30		Intangible Personal Property. Yes No	
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Registered Agent	
			_	81 Name		
COLEMAN, ANTHONY G JR				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
5611 FORREST STREET				OZ Street AU	dress (F.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021				83		
				,	lool 7: O. I	
*				84 City	FL 85 Zip Code	
Pursuan	t to the provisions of sections 607.0	502 and 607.1508. Florida	Statutes, the a	bove-named corr	oration submits this statement for the purpose of changing its registered	d
office or	registered agent, or both, in the Sta am familiar with, and accept the ob	ite of Florida. Such chang	je was authoriz	ed by the corpora	ation's board of directors. I hereby accept the appointment as registered	d
SNATURE						_
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS				: Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	D OFFICERS			TITLE		
=	GIANCOLA, NICOLA	L_J DEL		NAME	☐ Change ☐ Ad	ddition
E	5611 FORREST STREET			-		
ET ADDRESS	HOLLYWOOD FL 33021			STREET ADDRESS		
-ST-ZIP	HOLLINGOD PL 33021			CITY-ST-ZiP		
E		L DEt		TITLE	Change Ad	ddition
E				NAME		1
EET ADDRESS	•			STREET ADDRESS		
-ST-ZIP				CITY-ST-ZIP	г. П.	
Ε		L DEL		TITLE	Change Ac	ddition
E				NAME		
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-ST-ZIP				CITY-ST-ZIP	·	
=		L DEL	.C.I.C.	TITLE	Change Ad	ddition
E				NAME		
ET ADDRESS			435	STREET ADDRESS		
-ST-ZIP	<del></del>			CITY-ST-ZiP	· · · · · · · · · · · · · · · · · · ·	
=		DEL		TITLE	Change Ac	ddition
E			5.21	NAME		J
ET ADDRESS			5.3 \$	STREET ADDRESS		

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.

6.2 NAME

5.4 CITY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS

DELETE

**IGNATURE:** 

ET ADDRESS

9/4/99 954-91

154-962-7221

Change Addition