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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morths

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9700060684 (2)

FILED Apr 20 1998 8:00am Secretary of State

SOUTH	HEAST CARPET COMPANY	INC.					
Principal Plac	ce of Business	Mailing Address		t indican) til ratii reati därit dett	. Balte mains Atill Busin Ali	ai ibiti aibi ibbi	
780 JENMA DRIVE 780 JENMA DRIVE DELTONA FL 32725 DELTONA FL 32725				DO NOT WR	ITE IN THIS SPACE		
!				3. Date Incorporated or Qualifie			
				07/11/1997	-	1	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		4. FEI Number 59-346339	8	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	┌┐ \$8.7	75 Additional e Required	
City & State City & State			6. Election Campaign Financing	\$5.	00 May Be		
				Trust Fund Contribution	Ado Ado	ded to Fees	
Zip	Country	Zip ** 1	Country	8. This corporation owes or has			
24	25	29	30]	Personal Property Tax due Ju 10. Name and Address of New		∐ No	
	9. Name and Address of Curren	r megistered Agent	81 Name		negistered Agent	 -	
	AMS, JON		o i wante				
780 JENA DRIVE			82 Street	Street Address (P.O. Box Number is Not Acceptable)			
, DE	LTONA FL 32725		83			———-	
			03				
			84 City		FL 85	Zip Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	on the above name	d corporation submits this statement for th		ng its registered	
office or r	registered agent, or both, in the State	of Florida, Such change was a	es, the above-hamed authorized by the co	rporation's board of directors. I hereby acc	sept the appointment	t as registered	
agentila	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes.			ļ	
SIGNATURE	Signature, typed or printed name of registered ager	that of title of similarities (NOT)	- Broustored Agent signatur	re required when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF		TORS IN 12	
TITLE	Pr- 318	☐ DELETE	1.1 TITLE		Chan	nge 🔲 Addition	
NAME	Jen Abams		1.2 NAME	1		ľ	
STREET ADDRESS	780 JENA Drive		1,3 STREET ADDRESS				
CITY-ST-ZIP	DelTon , fla 323) a (1.4 CITY-S1-ZIP				
TITLE	Vice ore silent	☐ DELETE	2.1 TITLE		☐ Chan	ige 🔲 Addition	
NAME	Gypsiu ADAMS		2.2 NAME				
STREET ADDRESS	120 JEM. DRING 120 JEM. DRING	_	2.3 STREET ADDRESS	}			
CITY-ST-ZIP	isolim on 3500		2. 4 CHY-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE		Chan	nge Addition	
NAME	•		3.2 NAME			ſ	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. ITY-ST-ZIP				
TITLE		DELETE	4.1 T LE		☐ Chan	nge 🔲 Addition	
NAME			4. 2. AME				
STREET ADDRESS		電水で	4.3 HEET ADDRESS	}		1	
CITY-ST-ZIP		Drifte	4.4 Y-ST-ZIP		T 10	No. Addition	
TITLE		☐ DELĒ TE	5.1 LE	*	Chan	nge 🔲 Addition	
NAME	*		5.2 TAME			1	
STREET ADDRESS	· ·		5.3 STREET ADDRESS				
CITY-ST-ZIP		Driege	5.4 CiTY-ST-ZiP		T 0	and I Addition	
TITLE		DELETE	6.1 TITLE		Chan	ige 🔲 Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			1	
CITY-ST-ZIP	L		6.4 CITY - ST - ZIP				

I. Thereby 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 13 if changed, or on an attachment with an address.

alm Lac

Har die dela