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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 02 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076294 (2)

CARPETS FROM PARADISE, INC.

			-,											
Principal Place of Business				Mailing Address						-	1 1001110 91 110 10111 10011 00111 00111 00111	forit (blir	I BIRKA HIBID ID	
1901 BRINSON ROAD, N6				P.O. BOX 1552										
LUTZ FL 33549				LAND 'O LAKES FL 34639										
											DO NOT WRITE IN	1 THIS S	PACE	
										3.	Date Incorporated or Qualified			
9 Principal P	Place of Bus	inace		2.	Mailing Address					—	09/02/1997 FEI Number			antind For
2. Principal Place of Business 21					26					"	FQ-211-503K			pplied For of Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						+	· /-1- 19-19-19-19			Additional
22				27	7					5.	. Certificate of Status Desired			equired
City & State				City & State					6.	Election Campaign Financing		\$5.00	May Be	
23				28							Trust Fund Contribution			to Fees
Zip	Zip Country			_,	, ,			untry		8.	. This corporation owes or has paid			
24		25]		29		30					Personal Property Tax due June 30			No
		and Address	of Current He	gist	ered Agent		81	1	Name	10.	Name and Address of New Regi	stered A	Igent	
	TCHUM, P						61		iname					
		N ROAD, K9							Street Add	dress (P.O. Box Number is Not Acceptable)				
ן נט	TZ FL 335	49					83	+						
							03	'						
		•					84		City			EI	85 Zip	Code
11 Pursuant	to the provi	sions of Sections	s 607 0502 an	rd 60	7 1508 Florida Statut	tes the	e abov		named cor	poratio	on submits this statement for the pur	nose of	changing i	ts registered
I office or r	re cis tered a	aent, or both, in	the State of F	forid	a. Such change was a Section 607.0505, Flo	author	ized b	ıv th	he corpore	ition's l	board of directors. I hereby accept I	the appr	cintment as	registered
_	im t a imileu w	ин, апо ассерг	the onligation	15 OI.	Section 607.0505, Fi	опаа	statute	5.						
SIGNATURE	Signature, type	d or profest name of t	egistered agout and	d terri	fapplicable (NOT	E Regis	tered Ag	eni	signature requ	ired wher	n reinstating)	DATE		
12.		OFFI	CERS AND DI	HE C	1ORS	T	3.				ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 12
TITLE	Pros	sident			DELETE	1	.1 TITLE		1	ےم<	sident.		☐ Change	Addition
NAME Pancia K. Ket				chum.				1.2 NAME 1.2		201/	nela K. Ketch	~w	n	
STREET ADDRESS				ocicl-N6						Brinson Road		•		
CITY-ST-ZIP	Lutz	-, FL	3354	9		_	.4 CITY -			المار	LZ, FL 33549			
TITLE					[_] DELETE		.1 TITLE				·	l	Change	Addition
NAME							.2 NAME		-					
STREET ADDRESS							.3 STREE		1		-			
CITY-ST-ZIP	 				DELETE		. 4 CITY -	ST-	ZIP				Change	Addition
NAME	[had PLILIE	•	.2 NAME						onange	ROUNION
STREET ADDRESS							.2 NAME 3 STREE		nnerse					
CITY-ST-ZIP						•	4. CITY -							j
TITLE					☐ DELETE		1 1(TLE	31.	EII				Change	Addition
NAME							2 NAME		ļ			,		
STREET ADDRESS					- 1				DDRESS					
CITY-ST-ZIP						- 1	A CITY-							
TITLE					DELETE		.1 TITLE						☐ Change	Addition
NAME						5	.2 NAME							
STREET ADDRESS						5	.3 STREE	T AC	DORESS					
CITY-ST-ZIP						5	4 CITY-	ST-	ZIP					
TITLE					DELETE	6	1 TITLE						Change	Addition
NAME						6	.2 NAME							
STREET ADDRESS						6	.3 STREE	T AC	DORESS					•
1 0000 00 000	I					•								

14. 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 coelevor or trustee emplowered 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.