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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000076294

CARPETS FROM PARADISE, INC.

Principal Place of Business 1901 BRINSON ROAD, N6 **LUTZ FL 33549**

Mailing Address

P.O. BOX 1552

LAND 'O LAKES FL 34639

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90139 034 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 09/02/1997		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 1901 Brinson Road 26 1901 Brinso			n Road		59-3465835		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>			\$8.75	Additional
22 NG 27 NG						Fee	Required
City & State City & State							0 Мау Ве
23 Lutz, FL 28 Lut			<u> </u>		Trust Fund Contribution		d to Fees
zip Country Zip Zip 24 33549 25 Pa5co 29 33549			Country Pa:	Pasco Personal Property Tax. Tyes No			₩No
	9. Name and Address of Current	Registered Agent		- 1.	10. Name and Address of New Registered	l Agent	
VET	CUINA DAMELA K		81	Name			
KETCHUM, PAMELA K 1901 BRINSON ROAD, KØ NG LUTZ FL 33549			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			83				
			84	City	FI	85 Zi	p Code
44 - Dominio	A. the continue of Continue CO7 DECO	and 607 1509 Elorida Chatutan	the abov	named cor	rporation submits this statement for the purpose of	- 1 1	its registered
office or r	egistered agent, or both, in the State of members from the state of familiar with, and accept the obligation.	f Florida. Such change was autr	norized by	the corporat	tion's board of directors. I hereby accept the appo	ontment as	registered
SIGNATURE		WOTE 9	noistered Age	at cianatura reauci	ired when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rej OFFICERS AND DIRECTORS			tered Agent signature required when reinstating) 13. ADDITIONS/CHANGES T		O OFFICERS AND DIRECTORS IN 12	
TITLE	P OFFICERS AND	DELETE	1.1 TITLE		, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Chang	
NAME	KETCHUM, PAMELA K		1.2 NAME			.	
STREET ADDRESS	1901 BRINSON RD		•	TADDRESS			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-S				-
TITLE	201212 00010	☐ DELETE	2.1 TITLE			☐ Chang	e Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	_		
TITLE		☐ DELETE	3.1 TITLE			Chang	e Addition
NAME	· -	- · ·· -	3.2 NAME				ł
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	41 TITLE			☐ Chang	e 🔲 Addition
NAME			4. 2 NAME	1			İ
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	je 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS	}		5.3 STREE	TADDRESS			* :
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Chang	e
NAME			6.2 NAME				Ì
STREET ADDRESS				TADORESS			
OTT (OT 715			6.4 CITY- S	T-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.

4/26/99