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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000079040

1. Corporation Name

WALL TO WALL CARPETS OF BROWARD, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90033 018 ***150.00



Principal Plac	e of Business	Mailing Address						
1183 SE 1ST T	terr.	1183 SE 1ST TERR.						
DEERFIELD BE	ACH FL	DEERFIELD BEACH FL			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					09/11/1997			
2. Principal P	Place of Business	2a. Mailing Address			4 FEI Number			Applied For-
1 //83	SE 1 Terr	26 Som			65-0783178			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	7				•	Additional Required
		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			• •
Zip	Country		Country		8. This corporation owes the curre	nt vear Inta		
334	441 25 Broward	29 30			Personal Property Tax.		∐Yes	□No
<u> </u>	9. Name and Address of Current	<u> </u>			10. Name and Address of New R	egistered A	gent	
			81	Name				
	RKE, LARRY		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	3 SE 1ST TERR.		"	Olf Oot 7 to a	, 555 (1 : 5 : 25 : 15 : 15 : 15 : 15 : 15 : 15			
DEE	RFIELD BEACH FL		83					
			84	City		FL	85 Z	p Code
11 Pursuant	to the provisions of Sections 607,0502	2 and 607,1508, Florida Statutes, th	e above	-named con	poration submits this statement for the	purpose of c	hanging	its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was author	zed by	the corporati	on's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title of applicable (NOTE: Penie	nrad Agen	t eignature require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.	t organization organic	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
TITLE	DP		1 TITLE				☐ Chang	
NAME	EHRKE, LARRY	1 1	.2 NAME					ĺ
STREET ADDRESS	ALAN OF JOT TERM	1	.3 STREET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL	1	4 CITY-S	-ZIP				
TITLE	DST	☐ DELETE . 2	,1 TITLE				Chang	e
NAME	EHRKE, DONNA	2	2 NAME					}
STREET ADDRESS			3 STREET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL		. 4 CITY-S	T-ZIP			C) Chan	n D Addision
TITLE			.1 TITLE				☐ Chang	e Addition
NAME		1	.2 NAME					}
STREET ADDRESS		i i		ADDRESS				
CITY-ST-ZIP			.4. CITY- S	T- ZIP		<u>. </u>	☐ Chang	e Addition
TITLE		_	.1 TITLE . 2 NAME					
NAME				ADDRESS				
STREET ADDRESS				1				!
CITY-ST-ZIP	-	□ pc: crc	.4 CITY-S' .1 TITLE	1-417			Chang	e Addition
TITLE			2 NAME					_
NAME CTREET ADDRESS				ADDRESS				
STREET ADDRESS			4 CITY-S					1
TITLE			1 TITLE				Chang	e Addition
		<u></u>		i			'	- 1
NAME		■ €	2 NAME	1				1
STREET ADDRESS				ADORESS				ļ

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.

SIGNATURE: