

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 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90001 016 \*\*\*550.00

DOCUMENT # **P97000108301**

BEVERLY CARPENTER INTERIORS, INC.

Principal Place of Business  
1 PERSHING ST  
LYWOOD FL 33020

Mailing Address  
2868 PERSHING ST  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

65-080 3263

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARKE, BARRY  
6326 NW 23 ST  
BOCA RATON FL 33434

81 Name

CLARKE, BARRY

82 Street Address (P.O. Box Number is Not Acceptable)

2100 N. OCEAN BLVD

83

# 12B

84 City

FT. LAUDERDALE

FL

85 Zip Code

33305

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	D	CLARKE, BARRY	6326 NW 23 ST	BOCA RATON FL 33434	<input type="checkbox"/> DELETE
2	D	CLARKE, BEVERLY	6326 NW 23 ST	BOCA RATON FL 33434	<input type="checkbox"/> DELETE
3					<input type="checkbox"/> DELETE
4					<input type="checkbox"/> DELETE
5					<input type="checkbox"/> DELETE
6					<input type="checkbox"/> DELETE
7					<input type="checkbox"/> DELETE
8					<input type="checkbox"/> DELETE
9					<input type="checkbox"/> DELETE
10					<input type="checkbox"/> DELETE
11					<input type="checkbox"/> DELETE
12					<input type="checkbox"/> DELETE

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARKE, BARRY	ADDRESS
1.3 STREET ADDRESS	2100 N. OCEAN BLVD # 12B	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARKE, BEVERLY	ADDRESS
2.3 STREET ADDRESS	2100 N. OCEAN BLVD # 12B	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

BARRY CLARKE 9/10/99 954 921 9430

CR2E034 (5/99)