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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000053769

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90136 025 ***150.00



G&W CA	ARPET AND FLOORCOVERIN	ig, inc.					
Principal Plac	e of Business	Mailing Address			T I BENTERNI FOR GROOT ARTER REPORT REPORT REPORT		#1114 (#11 E88)
202 S.W. SANTA BARBARA PLACE 902 S.W. SANTA BARBARA P CAPE CORAL FL 33991 CAPE CORAL FL 33991					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 06/15/1998		
2. Principal Place of Business 2a. Mailing Address 26					4. FEI Number 084 476	Not	plied For t Applicable
Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	quired	
City & State		City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to		
Zip	Country 25		Country 30	' 	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	Registered Agent	81	Namo	10. Name and Address of New Register	neu Agein	
O'BRIEN, GARY J 902 S.W. SANTA BARBARA PLACE CAPE CORAL FL 33991			Ĺ.	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
			83	ļ			
			ľ	84 City FL 85 Zip Code			
office or r	to the provisions of Sections 607.050: registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was au	inorizea dv	the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its oppointment as reg	registered jistered
SIGNATURE					ed when reinstating) DAT		
	Signature, typed or printed name of registered agen OFFICERS AN		13.	nt signature require	ed when reinstating) J DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
12.	D OFFICERS AIN	DELETE	1,1 TITLE		7.00(110.1000) 1.000 1.000	☐ Change	Addition
NAME			1.2 NAME	ĺ	1		
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CITY-ST-ZIP	CAPE CORAL FL 33991			ST-ZIP	:		ĺ
TITLE			2,1 TITLE	1		Change	Addition
NAME			2.2 NAME		1		ľ
STREET ADDRESS			2.3 STREE	T ADDRESS	4		
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE	-		☐ Change	Addition
NAME			3.2 NAME	1			l
STREET ADDRESS			3.3 STREE	T ADDRESS			
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NAME	}		6.2 NAME				}
STREET ADORESS			6.3 STREE	TADORESS			
	1		■ A A OFFIZE	T 74D	-		

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: