# PROFIT CORPORATION ANNUAL REPORT 1999



#### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000068983

SOUTHERN COMFORT CARPET AND DESIGN, INC.

Principal Place of Business 213 W S.R. 434 Mailing Address

213 W S.R. 434 LONGWOOD FL 32750

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

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05-05-1999 90166 015 \*\*\*150.00



LONGWOOD FL 32750		LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 08/03/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	and or promote	28 207 W. S	RY	134	59-3539232		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required	
2[		27						
City & State		City & State		<b>-</b>	6. Election Campaign Financing Trust Fund Contribution	•	O May Be	
3		28 Language	Con	<u> </u>			10 10 F863	
Zip	Country	Zlp 0		€دن"	<ol> <li>This corporation owes the current year in Personal Property Tax.</li> </ol>	Yes	□No	
4	25	29 50 130	30	0311	10. Name and Address of New Registered			
	9. Name and Address of Current	t Kedistalag Väelir		81 Name	10. (4ptile alia revalues of feet freguesia)			
PALE	SH KAREN			1,10				
RAUCH, KAREN 100 CHERRY CREEK CIR.			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	ER SPRINGS FL 32708			83				
***	EN SPINIOS PL 32700			53				
				84 City		85 Z	p Code	
					poration submits this statement for the purpose of	╾┤┈		
SIGNATURE	Signature, typed or printed name of registered agent		_	Agent algorature requi	red when relustable)  DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
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NAME	Valo Callar		12 NA	ME				
	Kathy Snalley	<i>سر</i> ھ						
STREET ADORESS	Hatty Snalley	32719	1.3 51	REET ADDRESS		_		
STREET ADORESS CITY-ST-ZIP		32719	1.3 51	REET ADDRESS		Chang	je Addition	
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STREET ADORESS CITY-ST-ZIP TITLE NAME	Mice Presider Karen Rauch	DELETE	1.3 ST 14 CT 2.1 TT 2.2 NA	REET ADDRESS TY-ST-ZIP LE		☐ Cheang	je Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Mice Presider Karen Rauch	DELETE	1.3 ST 14 CP 22 NA 23 ST 24 CP 33 ST 14 CP 15 CP 16 CP	REET ADDRESS ITY-ST-ZIP LE ME ME REET ADDRESS ITY-ST-ZIP LE ME ME ME ME ME ME		☐ Chans	je Addition	
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SIGNATURE:

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