PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90148 018 ***150.00

i. Corporation	MENT # P9800 ITION CARPET SERVICES						
Principal Place of Business Mailing Address						IOI IBIN OIBIO NON	14010 HOI HOI
•		207 ALYDAR CT.					
207 ALYDAF C ORLANDO FL 3		ORLANDO FL 32824				10.004	
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		l
2 0	Uses of Rusiness	2a. Mailing Address			09/3()/1998 4. FEI Number	An	r lied For
2. Principal Place of Business		26 Maining Address			59-3536485		t Applicable
21 Suite, A)1. #, etc.		Suite, Apt. #, etc.				\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	:c _i uired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust F und Contribution	Added t	c Fees
Zip	Cour try			у	8. This corporation owes the current year		1900
24	25	29	30		Persor al Property Tax.	∐ Yes	No
	9. Name and Address of Curr	ent Registered Agent		1 Name	10. Name and Address of New Registere	a Agent	
HUI	MES, LAURIE A		•				
207 ALYDAR CT. ORLANDO FL 32824			8:	2 Street Ac d	ress (P.O. Box Number is Not Acceptable)		
			8:	3			
0.10	54456 TE 32324		Ľ				
			84	4 City	F	85 Zip (Code
agent. I a	m familiar with, and at cept the oblining familiar with, and at cept the oblining familiar with familiar with a familiar with a familiar with		E. Registered Ag		ed when reinstating) DATE		
12.		ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HOLMES, LAURIE A		1.2 NAME				
STREET ADDRESS			1	ETADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		1.4 CITY- 2.1 TITLE			Change	Addition
TITLE	D D		2.1 IIICE 2.2 NAME	ĺ			
NAME	HOLMES, CHARLES J 207 ALYDAR CT.			ET ADDRESS			İ
STREET ADDRESS	ORLANDO FL 32824		2.4 CITY				
CITY-ST-ZIP	ORLANDO FL 32024	DELETE	3 1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			3.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	•		4 2 NAME				
STREET ADDRE 3S			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			Change	Addition
TITLE			62 NAME			change	L. Addition
NAME				ET ADDRESS			
STREET ADDRE 3S			6,4 CITY-				
CITY ST 7/D	1		■ 0.9 OH T	U 1 40			1

14. I hereb / 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 indicate d 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with at other like empowered.

SIGNATURE:

Maries J. Holmes

SIGNATURE AND TYPE OR RINTED NAME OF SIGNING OFFICE! OR DIRECTOR

4/20/99

407.858,9504

Daytime Phone #