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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000088968**

Principal Place of Business

STREET ADDRESS

DIAMOND CARPET & TILE, INC.

10921 N.W. 41 DRIVE CORAL SPRINGS FL 33065		10921 N.W. 41 DRIVE CORAL SPRINGS FL 33065				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/19/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4 FEI Number		Applied For
21		26				65-0869830		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Additional e Required
22		27	<u></u>					
City & State		City & State	¬ '			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip ─_	Country	Zip				This corporation owes the current years	ar intangible	_ □Nº
24	25 29 9. Name and Address of Current Registered Agent		30	30		Personal Property Tax. 10. Name and Address of New Regist		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Hame and Address of New York		
YARI	BROUGH, JOHN C							
	1 N.W. 41 DRIVE		82 Street A		Street A	Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065		٩	3					
				84	City		85	Zip Code
							FL	
office or r agent. I a	m familiar with, and accept the obligat	cucu, vocanon our, Section our	, Florida Star	iules.		corporation submits this statement for the purporation's board of directors. I hereby accept the		is registered
Organical Open of Proceedings of the Control of the				13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
12.	D OFFICERS AN	D DIRECTORS DELET		ITLE		ADDITIONS/CHANGES TO OFF TOER	☐ Cha	
NAME	YARBROUGH, JOHN C			IAME	İ			_
STREET ADDRESS	10921 N.W. 41 DRIVE		l l	1.3 STREET ADDRESS				ł
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP				
TITLE	D DELETE			2.1 TITLE			Cha	inge Addition
NAME	FERDAISE, FRANK		2.2 N	2.2 NAME			•	
STREET ADDRESS	481 MARTIN RD.		2.3 STREET ADDR		ADDRESS			
CITY-ST-ZIP	MARGATE FL 33068		2.40	CITY-S	T-ZiP		<u>.</u>	
TITLE	☐ DELE		E 3.1 T	3.1 TITLE			. 🔲 Cha	nge 🗌 Addition
NAME			3.2 N	IAME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			}
CITY-ST-ZIP				crry-s	T-ZiP			
TITLE		☐ DELET	E 4.1 T	TLE			☐ Cha	inge ' Addition
NAME			4.21	NAME				
STREET ADDRESS			4.3 S	TREET	AODRESS			ĺ
CITY-ST-ZIP				TY-S	r-ZIP			TA Jane
TITLE		☐ DELET			İ		☐ Cha	ange 🔲 Addition
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-SI	r-ZIP		☐ Cha	ange [] Addition
TITLE		☐ DELET	- 1	AME				uide [7] Virgilioti i
NAME					ADDRESS			
OTDECT ADDRESS	1		■ 0.3 3		PUDITEGO !			

6.4 CITY-ST-ZIP

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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90118 025 ***150.00