## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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S10073

(2)

DOCUMENT # 1. Corporation Name

SHORE-LINE CARPET SUPPLIES OF PENSACOLA, INC.  Principal Place of Business Mairing Address  5741 DEWEY ST. 5741 DEWEY ST.								
	FL 33023-1917	HOLLYWOOD FL 330	)23-1917					
					3. Date Incorporated or Qualified 10/30/1990	3a. Date o	of Last Re 1/17/19	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0428277			Applied For Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired			Additional
2		27			5. Controlle of Oldron Desired		Fee F	Required
Oity & State		City & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be i to Fees
Zip	Country	Zip	Country	у	8. This corporation has liability for		under s	199.032,
4	25	29	30		Florida Statutes Yes			
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
			81	Name				
	PETER R.		62	Street Add	ress (P.O. Box Number is Not Acceptab	ile)		
	LAGLER ST.		83					-
S-202			0	Ί				
1 IMAIM	FL 33130		84	City	<del></del>	FL	<b>85</b> Zip	o Code
12.	ignature, spied or printed name of registers diagon OFFICERS AN PD	D DIRECTORS	OTE: Registered Agr 13. 1.1 TITLE		ADDITIONS/CHANGES TO OFF		DIRECTO Change	RS IN 12
NAME	GONZALEZ, MARIO B.	<u> </u>	1.2 NAME			-		_
STREET ADDRESS	5741 DEWEY ST.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CHY-	ST-ZIP				
TITLE	VD	DELETE	2 1 TITLE	:			Change	Addition
NAME	LERNER, LAWRENCE		22 NAME	1				
STREET ADDRESS	5741 DEWEY ST.			ET ADDRESS				
CITY - ST - ZIP TITLE	HOLLYWOOD FL STD	DELETE	2.4 CHTY - 3.1 THTLE			<del></del>	Change	☐ Addition
NAME	PERLMAN, MORTON	C) become	3.2 NAME	ļ				_
STREET ADDRESS	5741 DEWEY ST.			ET ADDRESS				
CiTY-ST-Zii'	HOLLYWOOD FL		3.4 CITY -	S1-ZIP				
TITLE		☐ DELETE	4 1 TITLE		<u></u>		) Change	Addition
NAME			4.2 NAME					
STREET ADDRESS				EL ADORESS				
CITY-ST-ZIP	<u>.</u>	☐ DELETE	4 4 CITY - 5 1 TITLE		A STATE OF THE STA		Change	☐ Addition
TITLE			5 2 NAMS			L	a nango	
NAME STREET ADDRESS				r address				
CITY-ST-ZIP			5.4 CiTY					
10LE		DELETE	6 1 1111.6				Change	Add tion
NAME			6.2 NAME					
STREET ADDRESS			63 STRE	ET ADDRESS				
CITY-SI-ZIP		A	6.4 CHTY			67/6-6-		
certify that	the information indicated on this agr	rual report or supplemental and ocution or the receiver or trust	nual report is t ee embowered	HIG SOCIACOUR	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	same legal e	PIECI AS R	t made under

SIGNATURE:

SEE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

2549628666