

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90174 015 ***150.00

DOCUMENT # S54215

1. Corporation Name

BROWARD DISCOUNT CARPET AND TILE, INC.

Principal Place of Business

2401 NE 4TH AVE
POMPANO BCH FL 33064

Mailing Address

2401 NE 4TH AVE
POMPANO BCH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number

65-0289131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

~~TUTOR, PHYLLIS MAE
4831 NE 28 AVE
LIGHTHOUSE POINT FL 33064~~

10. Name and Address of New Registered Agent

81 Name **Skye John Molineux**

82 Street Address (P.O. Box Number is Not Acceptable)

2750 N.E. 53rd Court

83

84 City **Lighthouse Pt FL**

85 Zip Code **33064**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Skye John Molineux** **SKYE JOHN MOLINEUX** President **2-15-99**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **TUTOR, PHYLLIS MAE**
STREET ADDRESS **4831 N.E. 28TH AVE.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **SKYE MOLINEUX**
1.3 STREET ADDRESS **2750 N.E. 53rd COURT.**
1.4 CITY-ST-ZIP **Lighthouse Pt, FL 33064**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: **Skye John Molineux** **SKYE JOHN MOLINEUX** 2/15/99 (954) 785-9299
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

01598/2