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

**PROFIT** CORPORATION ANNUAL REPORT

1999

CARPET WORLD DISTRIBUTORS, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90096 035 \*\*\*150.00

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	1614 1110 MAN 111	

Principal Place	e of Business	Mailing Address			
992 SOUTH MILITARY TRAIL 992 SOUTH MILITARY TRAIL		_			
WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415			5	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				07/02/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 24 19 10th AUE N. 26				65-0296866	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te .	City & State		6. Election Campaign Financing	\$5.00 May Be
23 LAKE WORTH F/ 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	
24 33461	-3128 25 USA	29 3	0	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	itered Agent
1445	TIN CEDALO A		81 Name R	lICHARD SUSCO	
MARTIN, GERALD A.  1201 US HIGHWAY ONE			ress (P.O. Box Number is Not Acceptable)		
	E 215		83 24	19 10th AUE. N	<del></del>
	ITH PALM BEACH FL 33408		83		1
NUF	IIII PALM BEACH PL 33406		84 City / 0	In 1 0 A	FL 85 Zip Code 3341,1-2128
	0.7.2500	1 007 4000 EL 11 OLAM	<u> </u>	KE WORTH-	
office or r	registered agent, or both, in the State or	f Florida. Such change was aut	horized by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	appointment as registered
agent. I a	im familial with, and accept the obligation	onslof, Section 607.0505, Floric	da Statutes.	,	71e/ar
SIGNATURE	Signature, typed or printed name of registered agent	All Manufactures (NOTE: 8	legistered Agent signature require	ed when reinstation)	ATE
12.	OFFICERS AND	<del>``</del>	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DPTS	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	SUSCO, RICHARD S.		12 NAME		Į.
STREET ADDRESS	AGO COUTTLE MILITARY TO ALL		1.3 STREET ADDRESS		į.
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	_	
TITLE	VP	☐ DELETE	21 TITLE	<del></del>	☐ Change ☐ Addition
NAME	SUSCO, BARBARA		2.2 NAME		{
STREET ADDRESS			2.3 STREET ADDRESS		}
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			32 NAME		{
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		+
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	)	☐ DÉLETE	5.1 TITLE	•	☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition
TITLE	}	☐ DELETÉ	B )		☐ Criends ☐ Vocition
NAME			6.2 NAME 6.3 STREET ADDRESS		
OTDEET ADDRESS			■ n.3.5 LBPE LADURESS I		

6.4 CITY-ST-ZIP 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: