

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 22 PM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08054
1. Corporation Name

Craftmaster Carpet, Inc.

Principal Place of Business Mailing Address
632 Tivoli Trace Circle, #102 same
Deerfield Beach, FL 33441

600001523016

-06/26/95--01043--023

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/29/91 3a. Date of Last Report 4/94

2. Principal Place of Business 2a. Mailing Address
21 632 Tivoli Trace Circle 26 same

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #102 27

City & State City & State
23 Deerfield Beach, FL 28

Zip Country Zip Country
24 33441 25 Broward 29

4. FEI Number 65-0396533 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

6. This corporation has liability for intangible tax under S. 169.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Benjamin R. Madamba
632 Tivoli Trace Circle, #102
Deerfield Beach, FL 33441

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Benjamin R. Madamba - President	1.1 TITLE	☐ Change ☐ Addition
NAME	632 Tivoli Trace Circle, #102	1.2 NAME	
STREET ADDRESS	Deerfield Beach, FL 33441	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	Pamela C. Madamba - Secretary	2.1 TITLE	☐ Change ☐ Addition
NAME	632 Tivoli Trace Circle, #102	2.2 NAME	
STREET ADDRESS	Deerfield Beach, FL 33441	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing or adding an attachment with an address.

SIGNATURE: *Benjamin R. Madamba* Benjamin R. Madamba, President 6/7/95 (305)975-7188

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #