## 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

1996

415496

(9)

**DOCUMENT #** 

**E & C CARPET CORPORATION** 

Principal Place of Business Mailing Address									r igelii gibat iigal gini gibib iliid bili bibil bid	11 01011 01011 01011 01011 FAF1		
261 N.E. 61ST STREET MIAMI FL 33137				261 N.E. 61ST STREET Miami FL 33137								
								3.		e of Last Report 5/01/1995		
2.	2. Principal Place of Business			2a. Mailing Address					FEI Number	Applied For		
21	d			26					59-1439474	Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State			City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	29	Zip	30	ountry		8.	This corporation has liability for intangible ta Florida Statutes ☐ Yes ☐ No	x under s. 199.032,		
9. Name and Address of Current Registered Agent								10.	Name and Address of New Registered	Agent		
	CONON EDWARD	r				81	Name					
261 N.E. 61ST STREET						82	Street Address (P.O. Box Number is Not Acceptable)					
						83	·					
						84	City		FL	85 Zip Code		
4 -	Duramont to the provisi	one of Contions 607 060	2 and 6	37 1509 Florida Statuto	a tha a	bouo n	amed corporat	ion o	who its this statement for the surgeon of shi	pering its registered office		

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.

12.	Signature, typed or printed name of registered agent and t OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
īL <b>Ē</b>	PD	☐ DELETE	1. 1 TITLE	☐ Change ☐ Additio
ME	CONON,EDWARD F		1.2 NAME	
REET ADDRESS	261 N.E. 61ST STREET		1.3 STREET ADDRESS	
FY-ST-ZIP	MIAMI FL		1.4 C(TY-ST-Z)P	
TLF	SD CONON,CAROLYN	☐ DELETE	2 1 TITLE	Change Addition
ME			22 NAME	
REET ADDRESS	261 N.E. 61ST STREET		2.3 STREET ADDRESS	
ITY · \$1 · ZIP	MIAMI FL		2 4 CITY - ST - ZIP	
TLE	10	☐ DELFTE	3. 1 TITLE	Change Addition
ME	CONON,CAROLYN 261 N.E. 61ST STREET MIAMI FL		3.2 NAME	
REET ADDRESS			33 STREET ADDRESS	
ITY - ST - ZIP			34 CITY-ST-ZIP	
TLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Additio
<b>AME</b>			4 2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
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AME	•		5 2 NAME	
REET ADDRESS			5 3 STREET ADDRESS	
TY+S1-ZIP			5.4 CITY - ST - ZIP	
ru <del>t</del>		☐ DELETE	6 1 TITLE	Change Addition
AME			6.2 NAME	
FREET ADORESS			63 STREET ADDRESS	
ITY-\$1-7IP			64 CiTY-ST-7IP	

14. Ido 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

4-15-96 7594512