

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 571053 (8)
 1. Corporation Name
CITRUS CARPET, INC.



Principal Place of Business <u>347 N. VOLUSIA AVENUE</u> <u>ORANGE CITY FL 32763</u>	Mailing Address <u>347 N. VOLUSIA AVENUE</u> <u>ORANGE CITY FL 32763</u>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc. CITRUS CARPET, INC.	26	CITRUS CARPET, INC.	05/04/1978	
22	City & State 333 E. HIGHBANKS RD., SUITE B DeBARY, FL 32713	27	City & State 333 E. HIGHBANKS RD., SUITE B DeBARY, FL 32713	4. FEI Number 59-1813658	
23	Zip 32713	28	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country FLORIDA	29	Country FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
ROUGEUX, PIERRE J. 15 A ASTER DRIVE DEBARY FL 32713		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85

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 607.0503, Florida Statutes.

SIGNATURE Nancy L. Wachter NANCY L. WACHTER 1-22-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUGEUX, PIERRE J	1.2 NAME	
STREET ADDRESS	15A ASTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTER, NANCY	2.2 NAME	
STREET ADDRESS	193 CEDAR AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSIC, KARIN	3.2 NAME	
STREET ADDRESS	725 DELAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 32763	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Nancy L. Wachter NANCY L. WACHTER 1-22-98 407-668-4421

CR2E034 (10/97)