

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

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**95 APR 24 PM 3:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K47428 (3)**

1. Corporation Name  
**SONLIGHT CARPETS, INC.**

Principal Place of Business <b>6102 W. LINEBAUGH AVENUE TAMPA FL 33625 US</b>	Mailing Address <b>6102 W. LINEBAUGH AVENUE TAMPA FL 33625 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/28/1988</b>	3a. Date of Last Report <b>07/11/1994</b>
4. FEI Number <b>59-2923034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LAFOSSE, LEONARD C 6014 WEST LINEBAUGH AVENUE TAMPA FL 33625</b>		10. Name and Address of New Registered Agent	
		81 Name <b>LAFOSSE LEONARD C</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>6102 W. LINEBAUGH AVE</b>	
		83	
		84 City <b>TAMPA</b>	85 Zip Code <b>FL 33625</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPT</b>	NAME <b>LAFOSSE, LEONARD CHARLES</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>6102 W. LINEBAUGH AVENUE</b>	CITY - ST - ZIP <b>TAMPA FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>V</b>	NAME <b>LAFOSSE, JULIE ANN</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>6102 W. LINEBAUGH AVENUE</b>	CITY - ST - ZIP <b>TAMPA FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE <b>S</b>	NAME <b>NEATHERLY, EDNA M.</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>6102 W. LINEBAUGH AVENUE</b>	CITY - ST - ZIP <b>TAMPA FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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 110.07(3)(4), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or, on an attachment with an address.

SIGNATURE: Leonard C. Lafosse / President / DPT 4-18-95 813-264-5673  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Before (Issue #)  
**LEONARD C. LAFOSSE**