

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

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**Mar 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K47428 (3)**  
1. Corporation Name  
**SONLIGHT CARPETS, INC.**



Principal Place of Business: **6102 W. LINEBAUGH AVENUE TAMPA FL 33625 US**  
Mailing Address: **6102 W. LINEBAUGH AVENUE TAMPA FL 33625-5651 US**

3. Date Incorporated or Qualified: **11/28/1988**  
3a. Date of Last Report: **02/27/1996**

21. Principal Place of Business: <b>6028 W. Linebaugh Ave.</b>	26. Mailing Address: <b>6028 W. Linebaugh Ave.</b>	4. FEI Number: <b>59-2923034</b>	Applied For: <input type="checkbox"/> Not Applicable
22. City & State: <b>Tampa, Florida</b>	27. City & State: <b>Tampa, Florida</b>	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip: <b>33625</b>	28. Zip: <b>33625</b>	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Hillsborough	30. Hillsborough	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DPT</b>	<input type="checkbox"/> DELETE	11. TITLE: <b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LAFOSSE, LEONARD CHARLES</b>		12. NAME: <b>LAFOSSE, LEONARD CHARLES</b>	
STREET ADDRESS: <b>6102 W. LINEBAUGH AVENUE</b>		13. STREET ADDRESS: <b>6028 W. Linebaugh Avenue</b>	
CITY-ST-ZIP: <b>TAMPA FL</b>		14. CITY-ST-ZIP: <b>Tampa, Florida 33625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	21. TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LAFOSSE, JULIE ANN</b>		22. NAME: <b>LAFOSSE, JULIE ANN</b>	
STREET ADDRESS: <b>6102 W. LINEBAUGH AVENUE</b>		23. STREET ADDRESS: <b>6028 W. Linebaugh Avenue</b>	
CITY-ST-ZIP: <b>TAMPA FL</b>		24. CITY-ST-ZIP: <b>Tampa, Florida 33625</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	31. TITLE: <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>NEATHERLY, EDNA M.</b>		32. NAME: <b>NEATHERLY, EDNA M</b>	
STREET ADDRESS: <b>6102 W. LINEBAUGH AVENUE</b>		33. STREET ADDRESS: <b>6028 W. Linebaugh Avenue</b>	
CITY-ST-ZIP: <b>TAMPA FL</b>		34. CITY-ST-ZIP: <b>Tampa, Florida 33625</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	<input type="checkbox"/> DELETE	41. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		42. NAME: _____	
STREET ADDRESS: _____		43. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		44. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	51. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		52. NAME: _____	
STREET ADDRESS: _____		53. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		54. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	61. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62. NAME: _____	
STREET ADDRESS: _____		63. STREET ADDRESS: _____	
CITY-ST-ZIP: _____		64. CITY-ST-ZIP: _____	

14. I do 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: *Leonard LaFosse* **LEONARD LAFOSSE** 3/24/97 813-264-5673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)