

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:57

DOCUMENT # **M79291** (4)
1. Corporation Name
SOUTH FLORIDA CARPETS, INC.

Principal Place of Business Mailing Address
1700 BANKS RD STE 2 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/04/1988** 3a. Date of Last Report **09/23/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0053483	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> Trust Fund Contribution
23	28	<input type="checkbox"/> Trust Fund Contribution	<input type="checkbox"/> Trust Fund Contribution
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

**SEEGER, SHANNON E.
2200 MEARS PKWY
MARGATE FL 33063**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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: *Shannon Seeger*

2-16-95

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RAYMOND A.	1.2 NAME	
STREET ADDRESS	4300 S. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIGHLAND BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEGER, GEORGE V.	2.2 NAME	
STREET ADDRESS	3105 ACAPULCO DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEGER, KENNETH V.	3.2 NAME	
STREET ADDRESS	3350 BANKS RD., STE.#107	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEGER, SHANNON E.	4.2 NAME	
STREET ADDRESS	3350 BANKS RD., STE.#107	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 compiled 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: *Shannon Seeger*

2-16-95 305-979-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR