

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M79291 (4)**

1. Corporation Name
SOUTH FLORIDA CARPETS, INC.



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

3. Date Incorporated or Qualified: **05/04/1988**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business: **21** Same
2a. Mailing Address: **26** Same
22. Suite, Apt. #, etc.
23. City & State
24. Zip: **25** Country
27. Suite, Apt. #, etc.
28. City & State
29. Zip: **30** Country

4. FEI Number: **65-0053483**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
81. Name: **SEEGER, SHANNON E.**
82. Street Address (P.O. Box Number is Not Acceptable): **1700 BANKS ROAD, SUITE 2**
83. City: **MARGATE** FL 85. Zip Code: **33063**

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, Corp. Treasurer** DATE: **3-4-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERTS, RAYMOND A.	
STREET ADDRESS	4300 S. OCEAN BLVD.	
CITY - ST - ZIP	HIGHLAND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEEGER, GEORGE V.	
STREET ADDRESS	3105 ACAPULCO DRIVE	
CITY - ST - ZIP	MIRAMAR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEEGER, KENNETH V.	
STREET ADDRESS	2943 NW 68TH AVE	
CITY - ST - ZIP	MARGATE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEEGER, SHANNON E.	
STREET ADDRESS	2943 NW 68 AVE	
CITY - ST - ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Roberts, Raymond A.		
1.3 STREET ADDRESS	900 SW Cypress Way		
1.4 CITY - ST - ZIP	Boca Raton, FL 33486		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	George Seeger		
2.3 STREET ADDRESS	335 Duane Palmer Blvd.		
2.4 CITY - ST - ZIP	Sebring, FL 33870		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Shannon Seeger** DATE: **3-4-96** DAYTIME PHONE: **954-979-6864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)