

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

2

**FILED**

97 JUL -7 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000063702 (3)**  
 1. Corporation Name  
**OCEAN ATLANTIC CARPET, INC.**

Principal Place of Business <b>9180 SE EAGLE AVE HOBE SOUND FL 33455</b>	Mailing Address <b>9180 SE EAGLE AVE HOBE SOUND FL 33455-6250</b>
---	--

3. Date Incorporated or Qualified <b>09/07/1993</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>65-0445101</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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KNIGHT, THOMAS R  
9180 SE EAGLE AVE  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, THOMAS R</b>	
STREET ADDRESS	<b>9180 SE EAGLE AVE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNIGHT, KATHY S.</b>	
STREET ADDRESS	<b>9180 EAGLE AVENUE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ANGELASTRO, PAUL S.</b>	
1.3 STREET ADDRESS	<b>153 SW PILSNER CR</b>	
1.4 CITY-ST-ZIP	<b>APT ST. LUCIE, FL 34953</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 \_\_\_\_\_ DATE \_\_\_\_\_

CFR2034 (9/96)

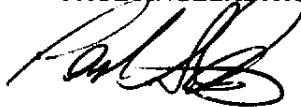
1

---

OAC

I AM WRITING YOU THIS LETTER ON BEHALF OF OCEAN ATLANTIC CARPET INC. MY NAME IS PAUL ANGELASTRO AND HAVE BEEN EMPLOYED BY THOMAS R KNIGHT TO SERVE AS ADMINISTRATOR AND OFFICE MANGER FOR OCEAN ATLANTIC CARPET INC. MR KNIGHT IS CURRENTLY RECOVERING FROM A MEDICAL CONDITION WHICH HAS HAD HIM UNABLE TO SERVE AND ADMINISTER TO THE CORP SINCE DEC OF 96. HIS WIFE IN THE INTERIM HAD BEEN DOING THE BEST SHE COULD TO RUN THIS COMPANY HOWEVER WITH LIMITED KNOWLEDGE OF BUSINESS BEING A HOUSE WIFE HERSELF MANY THINGS SLIPPED INTO ARREARS. THE FILING FORMS FOR THE CORP WHICH ARE BEING ADDRESSED IN THIS MAILING ARE ONE OF THESE MATTERS .IN LIGHT OF MR KNIGHTS HARDSHIPS I AM HOPEFUL YOU WILL ACCEPT THIS CASE AS AN EXCEPTION TO THE PENALTIES AND WAIVE THESE COSTS PLEASE KNOW THAT HAD MR KNIGHT BEEN ABLE TO PERFORM HIS DUTIES THIS WOULD NOT HAVE HAPPENED. IN CLOSING I PAUL ANGELASTRO WILL BE ANIXOUS TO ANSWER ANY QUESTIONS ON MR KNIGHTS BEHALF AND WILL BE LOOKING AFTER THE AFFAIRS OF THE CORPORATION.

SINCERELY  
PAUL ANGELASTRO



PS I CAN BE REACHED ANYTIME  
AT 561 288-3240 OR BEEPER 561 652-0429

OCEAN ATLANTIC CARPET INC

4248 SE COMMERCE AVE  
STUART FLORIDA 34997

Phone: 561-288-3240  
Fax: 561-545-0729