

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000094961 (5)**

1. Corporation Name  
**CARPETECH PROPERTIES, INC.**



Principal Place of Business <b>354 AZURE WAY MIAMI SPRINGS FL 33166</b>	Mailing Address <b>354 AZURE WAY MIAMI SPRINGS FL 33166-5215</b>
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3. Date Incorporated or Qualified <b>11/20/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0739514</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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2570 NORTH POWERLINE ROAD</b> Suite, Apt. #, etc. 22 <b>#503</b> City & State 23 <b>POMPANO BEACH, FL</b> Zip Country 24 <b>33069 USA</b>	2a. Mailing Address 26 <b>2570 NORTH POWERLINE RD</b> Suite, Apt. #, etc. 27 <b>#503</b> City & State 28 <b>POMPANO BEACH FL</b> Zip Country 29 <b>33069 USA</b>
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9. Name and Address of Current Registered Agent  
**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent  
31 Name **Steven T. Scott**  
32 Street Address (P.O. Box Number is Not Acceptable)  
**354 AZURE WAY**  
33  
34 City **Miami Springs FL** 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: *Steven T. Scott* DATE: **3-31-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>0</b>	<input type="checkbox"/>
NAME	<b>THOMAS, ALAN</b>	
STREET ADDRESS	<b>354 AZURE WAY</b>	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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: *ALAN THOMAS* **THOMAS** **rees** Date: **3-31-97** Daytime Phone #: **954-960-0662**

CR2E034 (9/96)