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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000094961 (5)

CARPETECH PROPERTIES, INC.

Principal Place of Business Mailing Address 2570 NORTH POWERLINE ROAD 2570 NORTH POERLINE ROAD DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 11/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2570 NORTH POWERLINE ROAD 21 65-0739514 Not Applicable Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 503 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be POMPANO BEACH 23 Trust Fund Contribution Added to Fees Country Zip Country ^{Zip} 33∞69 This corporation owes or has paid the current year Intangible ٥٤Α 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCOTT, STEVEN R. 354 AZURE WAY 82 MIAMI SPRINGS FL 33166 83 ULHZA84 UDERDALE toes 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 (NOTE: Registered Againt signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DIRECTOR DELETE Change Addition TITLE 1.1 TITLE tres ident THOMAS, ALAN NAME 1.2 NAME nahurnom HI 354 AZURE WAY 1) PSA DO 10 pr DW STREET ADDRESS 1.3 STREET ADDRESS 33071 MIAMI SPRINGS FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP CON SORINGS DELETE Addition TITLE Channe 2.1 TITLE VICE PRESIDENT NAME 2.2 NAME Lamos Momās STREET ADDRESS 2570 NPOWERLINERO, # 504 2.3 STREET ADDRESS <u> 33069</u> POM DANO BURLY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition DIRECTOR NAME 32 NAME ALAN THOMAS #504 2670 NORTH POWERLINE ROAD STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP POMPANO BEACH, PL Change DELETE Addition TITLE 41 THILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 corevor 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 changes or on an attachment with an address.

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