

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90006 028 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000022772
 Corporation Name

LYNCHS COMPETITIVE CARPET, INC.



Principal Place of Business	Mailing Address
7 CHANELSIDE CT OVIEDO FL 32765	3077 CHANELSIDE CT OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2495 Paddock Way Suite, Apt. #, etc.	2a. Mailing Address Same
City & State Oviedo FL	28. City & State
Zip 32765	Country USA

3. Date Incorporated or Qualified 03/09/1998	4. FEI Number 59-3499857	Applied For Not Applicable
5. Certificate of Status Desired	8. This corporation owes the current year Intangible Personal Property.	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	9. Yes	\$5.00 May Be Added to Fees
7. No	10. No	

9. Name and Address of Current Registered Agent
 LYNCH, JAMES
 3077 CHANELSIDE CT
 OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: *James Lynch*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13.
DELETED	DELETED	1.1 TITLE
DELETED	DELETED	1.2 NAME
DELETED	DELETED	1.3 STREET ADDRESS
DELETED	DELETED	1.4 CITY-ST-ZIP
DELETED	DELETED	2.1 TITLE
DELETED	DELETED	2.2 NAME
DELETED	DELETED	2.3 STREET ADDRESS
DELETED	DELETED	2.4 CITY-ST-ZIP
DELETED	DELETED	3.1 TITLE
DELETED	DELETED	3.2 NAME
DELETED	DELETED	3.3 STREET ADDRESS
DELETED	DELETED	3.4 CITY-ST-ZIP
DELETED	DELETED	4.1 TITLE
DELETED	DELETED	4.2 NAME
DELETED	DELETED	4.3 STREET ADDRESS
DELETED	DELETED	4.4 CITY-ST-ZIP
DELETED	DELETED	5.1 TITLE
DELETED	DELETED	5.2 NAME
DELETED	DELETED	5.3 STREET ADDRESS
DELETED	DELETED	5.4 CITY-ST-ZIP
DELETED	DELETED	6.1 TITLE
DELETED	DELETED	6.2 NAME
DELETED	DELETED	6.3 STREET ADDRESS
DELETED	DELETED	6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Change	Addition
Change	Addition
Change	Addition
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Change	Addition

I 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: *James Lynch* 9-8-99 407-366-0010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)