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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CARPET MART A CORPORATION

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					======================================
12645 SO DIXIE HWY 12645 SO DIXIE HWY MIAMI FL 33156 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					10/13/1955
2. Principal Pl	2a. Mailing Address	ling Address		4. FEI Number Applied For	
21		26			59-0575800 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired See Required Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Count	Country 8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent				<u> </u>	10. Name and Address of New Registered Agent
	otkin, robert		18	81 Name	
12645 SOUTH DIXIE HWY			8	2 Street	Address (P.O. Box Number is Not Acceptable)
MIF	AMI FL 33156		8	3	
			8	4 City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the ab				ve-named	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I her agent. I am families with and acrept the physician for 507.0505, Florida Statutes.					rporation's board of directors. I hereby accept the appointment as registered
					I - 10 - 98 e required when reinstating) DATE
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature)				gent signatur	e required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 TITL		Change Addition
NAME	PLOTKIN,ROBERT		1.2 NAM	E	
STREET ADDRESS	12645 SO DIXIE HWY		1.3 STRE	et address	
CITY - ST - ZIP	MIAMI FL		1,4 CITY		
TITLE	SDT	L DELETE	2.1 TITL		☐ Change ☐ Addition
NAME	PLOTKIN, MARY		2.2 NAM		
STREET ADDRESS	12645 SO DIXIE HWY			et address	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 C)TY - TE 3.1 TITLE		Change Addition
TITLE					C Change C Account
NAME			3.2 NAM		·
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.1 TITL	- ST-ZIP	Change Addition
NAME			4. 2 NAA		
STREET ADORESS			B.	ET ADDRESS	
			4.5 GTY		
CITY-ST-ZIP TITLE		DELETE	5.1 TITU		Change Addition
NAME		—	5,2 NAM		
STREET ADORESS			1	et address	
CITY-ST-ZIP			5,4 CITY		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM		
STREET ADORESS				ET ADORESS	
CITY-ST-ZIP				- ST- ZiP	
44 111		to a representation of the contract of the con	a dia a com		and in Continue 440 07/03/3 Elevide Chatatan I further contift that the information

I hereby certify that the information supplied with this filling does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or truste is employed. It is not supplied to the corporation of the receiver or trustee employed block 12 or Block 13 if changed, or on an attachment with an additional content of the receiver of the qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in