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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 188402

(2)

## THE CARPET MART REALTY CORPORATION

Principal Place of Business Mailing Address 12645 S. DIXIE HIGHWAY 12645 SO DIXIE HWY MIAMI FL 33156 MIAMI FL 33156-5931 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 10/14/1955 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-6058971 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country ZiD This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLOTKIN, ROBERT 12645 S. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 City 84 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 Signature, typed or protect name of registered agent and ton it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE TITLE PLOTKIN MARY 1.2 NAME NAME 8830 S.W. 92 PL. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 C(1<u>Y-SI-ZIP</u> CITY-\$1-7IP DELETE Change Addition 2.1 TITLE TITLE PLOTKIN, DONALD NAME 2.2 NAME 1970 HENDERSONVILLE HWY STREET ADDRESS 2.3 STREET ADDRESS SKYLAND NC City+St-ZiP 2 4 City-ST-ZiP OELETE Change Addition 3.1 TITLE TITLE PLOTKIN, ROBERT 3.2 NAME NAME 8950 S.W. 93 CT. 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL** CITY - ST - 7IP 3.4. CITY - \$T-ZIP DELETÉ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - S1 - 21P DELETE Change Addition 51 TITLE THEF 5.2 NAME MAME STREET ADDRESS **53 STREET ADDRESS** 5 4 City - ST - ZIP CHY-\$1-7/2 Change Addition DELETE THELE 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

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

6.4 CITY - ST - ZIP

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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or director of the appears in Block 12 or Block

NAME

STREET ADDRESS

CITY-ST-ZIF

**FILED** 

Feb 04 1997 8:00am

Secretary of State