## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)**DOCUMENT #** 1. Corporation Name NATIONWIDE CARPET AND DRAPERY CO INC Principal Place of Busines 3048 SUNDISE LAKES DR. E. STE-312 2045 S.W. LANCE AVE SUMMOETL SSSEE STE STEZEYS S.W. LANCE AVE SUNTINGE FL 80022 PSL, FLH. 34943 09/05/1969 2. Principal Place of Business 2a. Mailing Address Applied For 59-1271342 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zιο 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes ☐ Yes ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHANE.HARRY 2048S.W. LANCE AVE. Street Address (P.O. Box Number is Not Acceptable) 82 3040 SUNRISE LAKES DR. E. #312 PSL, FLA. 34953 SUMPLISE FL 33322 83 (401) 956-99// 84 City Zip Code 85 try (401) 336-5007 Pursuant to the provisions of Sections 607,0502 and 607,1508, Floring Sydutes, the above named comporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was experienced by the corporation's board of directors. Thereby, accept the appointment as a gistered agent, I am or registered agent, or both in familiar with, and accept th SIGNATURE (12/95)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE THE 1 THEF SHANE, HARRY 20475, W. LANCE AVE CR2E034 1.2 NAME NAME PSL FLA 1.3 STREET ADDRESS STREET ADDRESS \_3ygy □ DELETE 1.4 C(TY - ST - Z)P CITY-S1-ZIP Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 24 CITY-ST ZiP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-7[P DELETE Change Addition 4.1 DEEF THILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5 1 TOLE STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CHY - ST - ZIP ☐ Change DELETE 6 1 TITL€ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. 6 4 CITY - ST - ZIP CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplied intuitional report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or justee 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 a haddress

SIGNATURE:

4/(4/96 [AX(407)336.5007