

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **367927** (1)
1. Corporation Name
FASHION CARPET, INC.



Principal Place of Business 241 N.W. 16TH STREET POMPANO BEACH FL 33060 US	Mailing Address 241 N.W. 16TH STREET POMPANO BEACH FL 33060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1970	
21 Suite, Apt. #, etc.		26 C/O E Shepard 2625 N.E. 27 Street		4. FEI Number 59-1298951	
22 City & State		27 Lighthouse Point		Applied For Not Applicable	
23 Zip		28 Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 33064		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHEPARD, EDWARD
2625 N.E. 27TH STREET
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

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

FL

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 printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, EDWARD F	1.2 NAME	Robert Bloechinger
STREET ADDRESS	2625 N.E. 27TH ST	1.3 STREET ADDRESS	1131 S.W. 20th Street
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	Boca Raton, Fla. 33486-6713
TITLE	VPST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. President/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, BARBARA	2.2 NAME	Edward Shepard
STREET ADDRESS	2625 N.E. 27TH ST	2.3 STREET ADDRESS	2625 N.E. 27th Street
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP	Lighthouse Point, Fla 33064
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasure/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, EDWARD	3.2 NAME	Barbara Shepard
STREET ADDRESS	2625 N.E. 27TH STREET	3.3 STREET ADDRESS	2625 N.E. 27th Street
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	Lighthouse Point, Fla. 33064
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, BARBARA	4.2 NAME	
STREET ADDRESS	2625 N.E. 27TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 *Edward Shepard* **EDWARD SHEPARD** 1/31/98 (19CU) 981-1123

CR2E034 (10/97)