

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 447562 (0)
 1. Corporation Name
SCARSDALE CARPET SERVICE, INC.

Principal Place of Business: **3771 N.W. 126TH AVE.
CORAL SPGS. FL 33065**
 Mailing Address: **3771 N.W. 126TH AVE.
CORAL SPGS. FL 33065**

2. Previous Place of Business: **21** State: Apt. # etc. **26**
22 City & State: **27**
23 City & State: **28**
24 City & State: **25** City & State: **29** City & State: **30**

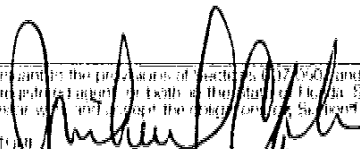
3. Date Incorporated or Qualified: **03/12/1974** 3a. Date of Last Report: **04/28/1994**
 4. FEI Number: **59-1519157** Applying for: ☐ Not Applicable
 5. Certificate of Status (Required) ☐ **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
 6. This corporation has made the changes to the Florida Statutes: ☒ Yes ☐ No

NOTE: WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent
COLIN, MICHAEL C
3771 N.W. 126TH AVE.
CORAL SPGS. FL 33065

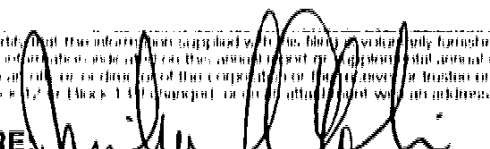
10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** **85** Zip Code:

11. Pursuant to the provisions of sections 607.050 and 607.0505, 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 Secretary and accept the change on the Secretary's Office, Florida Statutes.

SIGNATURE:  **MICHAEL COLIN** **5-1-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: COLIN, MICHAEL C.	2. NAME:	3. NAME:	☐ Change ☐ Addition
4. STREET ADDRESS: 2940 N.W. 115 TERR.	5. STREET ADDRESS:	6. STREET ADDRESS:	
7. CITY: CORAL SPRINGS FL	8. CITY:	9. CITY:	☐ Change ☐ Addition
10. NAME:	11. NAME:	12. NAME:	
13. STREET ADDRESS:	14. STREET ADDRESS:	15. STREET ADDRESS:	☐ Change ☐ Addition
16. CITY:	17. CITY:	18. CITY:	
19. NAME:	20. NAME:	21. NAME:	☐ Change ☐ Addition
22. STREET ADDRESS:	23. STREET ADDRESS:	24. STREET ADDRESS:	
25. CITY:	26. CITY:	27. CITY:	☐ Change ☐ Addition
28. NAME:	29. NAME:	30. NAME:	
31. STREET ADDRESS:	32. STREET ADDRESS:	33. STREET ADDRESS:	☐ Change ☐ Addition
34. CITY:	35. CITY:	36. CITY:	
37. NAME:	38. NAME:	39. NAME:	☐ Change ☐ Addition
40. STREET ADDRESS:	41. STREET ADDRESS:	42. STREET ADDRESS:	
43. CITY:	44. CITY:	45. CITY:	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied herein is true, correct, and complete, and that I am duly qualified to make this statement. I further certify that the information is true and correct, and that I am duly qualified to make this statement. I further certify that the information is true and correct, and that I am duly qualified to make this statement. I further certify that the information is true and correct, and that I am duly qualified to make this statement.

SIGNATURE:  **MICHAEL C. COLIN** **5-1-95** **305 753-7100**

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