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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

481679

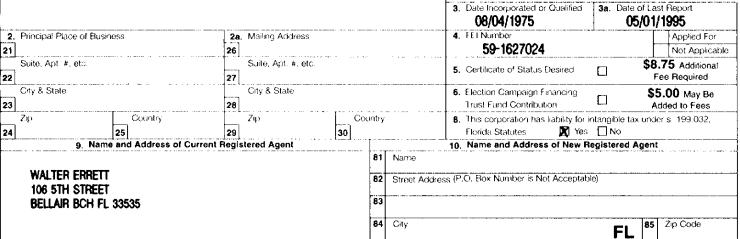
(9)

COMMERCIAL CARPET OF ST. PETERSBURG, INC.

Principal Place of Business
4994 PARK BLVD
PINELLAS PARK FL 34665

Maring Address

4994 PARK BLVD PINELLAS PARK FL 34665



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature types or product runner of registers chapter twich the inapprehabet. It follows of Apent signature required when recristance. DATE DATE						
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1 1 1HLF		Change	Add tion
NAME	HASSAN, NORMAN		1.2 NAME			
STREET ADDRESS	6700 4TH AVE N		1.3 STHEET ADDRESS			
CITY - ST - ZiP	ST PETERSBURG FL		1.4 CITY - \$1 - ZIP			
Talle	VDS	DELETE	2 1 TITLE		Change	Addition
NAME	ERRETT, WALTER		2 2 NAME			
STREET ADDRESS	106 5TH STREET		2.3 STREET ADDRESS			<u>†</u>
CITY-ST-ZIP	BELLAIR BCH, FL 00000		2 4 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 CITY-ST-ZIP			
TITLE		DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CHY ST ZIF			
TITLE		☐ DELETE	5 1 TILLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4.CHY-ST-7/P			
TITLE		DELETE	6 1 THE		☐ Change	☐ Addition
NAME			€ 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP		A	€ 4 CITY+ST+ZIP			

14. Edo hereby certify that the information supplied with this filing is voluntarity finded and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this amount report or experienced under coath, that I am an officer or director of the station of the document of the provided in the information indicated on this amount of the document of the station o

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/94 (813) 546 2300

CR2E034 (12/95)