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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

BENDELE'S CARPET GALLERY, INC.

Mailing Address Principal Place of Business 11998 S. CLEVELAND AVENUE 11998 S. CLEVELAND AVENUE FT MYERS FL 33907 FT MYERS FL 33907 3. Date incorporated or Qualified 3a. Date of Last Report

				09/09/1975	04/28/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1614499	Applied For Not Applicable		
9		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p	Country 25	Ζφ 29	Country 30	This corporation has liability for in Florida Statutes     Yes			
9, Name and Address of Current Registered Agent			- 133	10. Name and Address of New Registered Agent			
BENDELE, RICHARD L 11998 SOUTH TAMIAMI TRAIL			81 Name	81 Name			
			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)			
	/ERS 33907		83				
			84 City		FL 85 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 607.0506, Florida Statutes.

SIGNATURE Segrative typed or printed that is, of registered against are that a Tagnatical Action 1999  12. OFFICERS AND DIRECTORS			13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1 1 TITLE	Change Addition	
NAME	BENDELE, RICHARD L		1.2 NAME		
IRECT ADDRESS	3403 S.E. 22ND PLACE		1.3 STREET ADDRESS		
TY-S1-7/P	CAPE CORAL FL		1.4 CITY - ST- ZIP		
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AME	BENDELE, LYNDA D		2.2 NAME		
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NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 C-TY - ST - ZiF*		

14. If do hereby certify that the information supplied with this fring is voluntarily furnished 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)