FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 539039 (8)

1. Corporation Name
CARPET BAZAAR, INC.

Principal Place of Business:
902 WEST BAY DRIVE
LARGO FL 34640-3224

Mailing Address:
902 WEST BAY DRIVE
LARGO FL 34640-3224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/12/1977**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **59-1754708** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEMBO, SALVATORE 1884 PARADISE LANE CLEARWATER FL 33516	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 Section 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 ______ (Registered Agent) ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEMBO, SALVATORE	12 NAME	
STREET ADDRESS	1884 PARADISE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Salvatore Lembo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95 (Date) (813) 585-1212 (Daytime Phone)

0361488 CP

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APPROVED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **539302** **(0)**

CHUCK'S T.V., INC.

3 S. FEDERAL HIGWAY **MPANO BEACH FL 33062**	**703 S FEDERAL HIGWAY** **POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

	2a. Mailing Address 26	3. Date Incorporated or Qualified **07/13/1977**	3a. Date of Last Report **04/18/1994**
		4. FEI Number **59-1753956**	☐ Applied For ☐ Not Applicable
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 25	County 29	Zip 30	County

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBSTER, FRED **1760 SE 21 AVENUE** **POMPANO BEACH FL 33062**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS
PT **WEBSTER, FRED** **1760 SE 21 AVE** **POMPANO BCH FL**	☐ Change ☐ Addition
VPS **WEBSTER, KAREN** **1760 SE 21 AVE** **POMPANO BCH, FL 00000**	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

I (We) hereby certify that the information supplied with this filing is, to the best of my (our) knowledge, true and accurate. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 1 or Block 13 above or on an attachment with an address.

SIGNATURE: Frederic S Webster 5-5-95 305-942-5111

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0425091 FP