

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:19

DOCUMENT # 606667 (4)

1. Corporation Name
EL CHEAPO CARPET, INC.

Principal Place of Business: 8711 TAHITI LANE TAMPA FL 33615
Mailing Address: 8711 TAHITI LANE TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1979	03/18/1994
4. FEI Number	Applied For
59-1870116	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ISAAC, FRED C. 2460 ATLANTIC BLVD. JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (Type or print name of registered agent and the date of appointment) (NOTE: Registered Agent signature required when appointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORI, CORMWELL	1.2 NAME	
STREET ADDRESS	8711 TAHITI LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORI, JOAN	2.2 NAME	
STREET ADDRESS	8711 TAHITI LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		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		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 do hereby certify that the information required with this filing is voluntarily furnished and does not apply for the exemption stated in Section 199.03(4)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: *Kori Cormwell* 2/10/95 813-884-0136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF OFFICER OR DIRECTOR
 CORMWELL, KORI PRESIDENT
 DATE: 2/10/95 TELEPHONE: 813-884-0136