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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 616064

(2)STANJO CARPET, INC. Principal Place of Business Mailing Address 1950 SOUTH 30TH AVE 1950 SOUTH 30TH AVE HALLANDALE FL 33009 HALLANDALE FL 33009-2005 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1979 09/23/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-1903017 26 Not Applicable Saite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MARKS.STANLEY 2400 SOUTH 30TH AVE 82 Street Address HALLANDALE FL 33009 83 R4 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Sequalized type is a printed name of registring agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ___ Addition THE 1.1 TITLE ☐ Change MARKS.STANLEY NAME 1.2 NAME 1950 SOUTH 30TH AVE 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THEF 2.1 TITLE NAM 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS C-14 - \$1 - 7IP 2. 4 CITY-ST-2IP DELETE Change Addition 3.1 TITLE THILF NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CHY ST-ZIP 34 CITY-ST-ZIP ☐ DELETE Change Addition TILLE 41 TITLE MAME 4. 2 NAME STREET ADOPESS 4.3 STREET ADDRESS CITY - \$1 - 24P 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1711115 HAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-SI-20 DELETE Change Addition THE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certly that the information supplied with this filing 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

64 CITY-ST-ZIP

CITY - \$1 - ZiF

STANLEY MAPKS

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FILED

Apr 01 1997 8:00am

Secretary of State