


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Sep 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

F04806

Commercial Carpet Sales Inc,

Principal Place of Business

Mailing Address

4020 Cleveland Ave.
Ft. Myers Fl. 33901

Amended

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Same		26 Same		10-7-80		2-23-97	
22 4020 Cleveland Ave.		27		4. FEI Number		Applied For	
City & State		City & State		59-2714724		Not Applicable	
23 Ft. Myers Fl.		28		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33901		25 Lee		29		30	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Helen C. Carney
4020 Cleveland Ave.
Ft. Myers Fl. 33901

81 Name	Jon E. Smith
82 Street Address (P.O. Box Number is Not Acceptable)	4020 Cleveland Ave.
83	Ft. Myers Fl. 33901
84 City	Ft. Myers
85 FL	33901

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 Jon E. Smith DATE 9-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President T/S		1.1 TITLE President T/S	
1.2 NAME Helen C. Carney		1.2 NAME Jon E. Smith	
1.3 STREET ADDRESS 4020 Cleveland Ave.		1.3 STREET ADDRESS 4020 Cleveland Ave.	
1.4 CITY-ST-ZIP Ft. Myers FL. 33901		1.4 CITY-ST-ZIP Ft. Myers FL. 33901	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify 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.

SIGNATURE: Jon E. Smith DATE: 9-5-97 941-936-6633