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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10093

(5)

Mailing Address

CARPET WORKSHOP, INCORPORATED

FILED									
Feb	12	1997	8:00am						
Se	ecre	tary o	of State						



3350 BURRIS RD FT LAUDERDALE FL 33314		3350 BURRIS RD FT LAUDERDALE FL 33314-2250							
					3. Date Incorporated or Qualified 10/31/1980	3a. Date of Last 02/16/1996	Report		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	pplied For		
21		26					lot Applicable		
Suite, Apt. #, etc		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country Zip Country Zip Country 30			ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New-Reg	distered Agent			
	re, L. Daniel		į	81 Name					
3350 BURRIS ROAD FT LAUDERDALE FL 33314				82 Street Address (P.O. Box Number is Not Acceptable)					
			Ţ	63					
				84 City		FL 85 Zip	Code		
11. Pursuant office or r agent I a	to the provisions of Sections 607.0 registered agent, or both, in the St in familiar with, and accept the ob-	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fl	tes, the ab authorized orida Stati	ove-named of by the corporates.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing It the appointment a	its registered s registered		
SIGNATURE							ĺ		
	Signature, typind or printed name of registered	······		Agent signature r	equired when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PT BANKI	DELETE	1.1 111]		☐ Change	Addition		
NAME	Ware, L. Daniel 2932 Birkdale		1.2 NA						
STREET ADDRESS	FT. LAUDERDALE FL			REET ADDRESS			}		
CITY-\$1-ZIP TITLE	S	DELETE	2.1 TIT	Y-ST-ZiP		Change	Addition		
NAME	111			ME		ondingo			
STREET ADDRESS	4444 PISTO 11 F			REET ADDRESS					
City-St-7iP	FT. LAUDERDALE FL		- 2	TY-ST-ZIP			l		
TITLE	11.010001107100110	DELETE	3111	·· ····		Change	Addition		
NAME		 .	3.2 NA	ME		_ •			
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP				TY-\$T-ZIP					
TITLE		DELETE	4.1 TiT		,	☐ Change	Addition		
NAME	•		4. 2 N	AME			J		
STREET ADDRESS			43 ST	REET ADDRESS					
CITY - ST - ZIP			4.4 Cr	Y-ST-ZIP					
TITLE		DELETE	5.1 717	LE		☐ Change	☐ Addition		
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	reet address					
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 711	LE T		☐ Change	Addition		
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET ADDRESS					
CITY-ST-7IP			6.4 CI	ry-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45/97 954-581-8115