

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. North  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G49788** (4)  
1. Corporation Name  
**HERITAGE CARPET & TILE, INC.**

Principal Place of Business: % JERI A. SMITH, 410 SOUTH MILITARY TRAIL, DEERFIELD BEACH FL 33442  
Mailing Address: % JERI A. SMITH, 410 SOUTH MILITARY TRAIL, DEERFIELD BEACH FL 33442-3009

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

SMITH, JERI A.  
410 S. MILITARY TRAIL  
DEERFIELD BEACH FL 33442

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.
TITLE	VST	1.1 TITLE
NAME	SMITH, JERI A.	1.2 NAME
STREET ADDRESS	410 S. MILITARY TRAIL	1.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP
TITLE	P	2.1 TITLE
NAME	SMITH, RUNO	2.2 NAME
STREET ADDRESS	410 S. MILITARY TRAIL	2.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	SMITH, RUNO	3.2 NAME
STREET ADDRESS	410 S. MILITARY TRAIL	3.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP
TITLE	VD	4.1 TITLE
NAME	SMITH, RANDALL K.	4.2 NAME
STREET ADDRESS	410 S. MILITARY TRAIL	4.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
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 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: \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

FILED  
Jun 26 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified: 07/22/1983  
3a. Date of Last Report: 06/06/1996  
4. FEI Number: 59-2415005  
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

10. Name and Address of New Registered Agent  
11. Name  
12. Street Address (P.O. Box Number is Not Acceptable)  
13.  
14. City FL 85 Zip Code

The above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.	12.	13.
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Chairman of the Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)