FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G93119** **(7)**

1. Corporation Name

MOBILE CARPETS, INC.

Principal Place of Business	Mailing Address
4609 GEORGIA AVE. WEST PALM BEACH FL 33405	4609 GEORGIA AVE. WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: **03/26/1984**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-2382958** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

LEONE, PHILLIP E., C.P.A.
LEONE & ASSOCIATES, P.A.
~~**6725 CORPORATE WAY, SUITE 402**~~
~~**WEST PALM BEACH FL 33407**~~

10. Name and Address of New Registered Agent

(81) Name: Philip E. Leone, C.P.A.
(82) Street Address (P.O. Box Number is Not Acceptable): Leone & Associates, P.A.
(83) 11000 Prosperity Farms Road, Suite 104
(84) City: Palm Beach Gardens FL (85) Zip Code: 33410

11. Pursuant to the provisions of Section 607.1005 and 607.1006, 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: Philip E. Leone C.P.A. DATE: 3/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	☐ DELETE
NAME	HALDEN, KEITH W.	
STREET ADDRESS	4609 GEORGIA AVE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (cont.)	
1-1 TITLE	☐ Change ☐ Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	
2-1 TITLE	☐ Change ☐ Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	
3-1 TITLE	☐ Change ☐ Addition
3-2 NAME	
3-3 STREET ADDRESS	
3-4 CITY-ST-ZIP	
4-1 TITLE	☐ Change ☐ Addition
4-2 NAME	
4-3 STREET ADDRESS	
4-4 CITY-ST-ZIP	
5-1 TITLE	☐ Change ☐ Addition
5-2 NAME	
5-3 STREET ADDRESS	
5-4 CITY-ST-ZIP	
6-1 TITLE	☐ Change ☐ Addition
6-2 NAME	
6-3 STREET ADDRESS	
6-4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Keith W. Halden KEITH W. HALDEN 3-23-96 407-833-8240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #