

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

FILED  
Sep 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J29483 (1)  
1. Corporation Name  
CARPET EXPERTS, INC.



Principal Place of Business  
2913 N. CAMBRIDGE LN.  
COOPER CITY FL 33026  
5240 S.W. 101 TERR.  
COOPER CITY FL. 33328

Mailing Address  
2913 N. CAMBRIDGE LN.  
COOPER CITY FL 33026  
5240 S.W. 101 TERR.  
COOPER CITY FL. 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	08/18/1986	59-2158283	Not Applicable
22	27	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAXE, RICHARD L 2913 N. CAMBRIDGE LN. COOPER CITY FL 33026 5240 S.W. 101 TERR. COOPER CITY FL. 33328	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SAXE, RICHARD L	1.2 NAME	
STREET ADDRESS	2913 N. CAMBRIDGE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	1.4 CITY-ST-ZIP	
	33328	2.1 TITLE	
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	
		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		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 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.

CR2E034 (10/97)