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

J31434 **DOCUMENT #**

(0)

FURMAN CARPET CONCEPTS, INC.

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460 E. LEMON STREET P.O. BOX 636 TARPON SPRINGS FL 34689

Principal Place of Business

460 E. LEMON STREET P.O. BOX 636



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		TARPON SPRINGS PL 34069			3. Date Incorporated or Qualified 09/03/1986 03/02/1995					
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	· I		Applied For	
21		26				59-2721155			Not Applicable	
Suite, Apt. #, etc Suite. Apt. #, etc. 22 27						5. Certificate of Status Desired Security Securi				
City & State City & State 28						Election Campaign Financing Trust Fund Contribution	A A A MICA DE			
Zip Country Zip 24 29 29				ntry		This corporation has liability for Florida Statutes	intangible ta			
	9 Name and Address of Cur	rent Registered Agent				10. Name and Address of New i	Registered A	gent		
				81	Name					
FURMAN, VERNA S.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	AST LEMON STREET ON SPRINGS FL 34689									
IARE	un apringa pl 34689		i	83						
				84	City			85 Z	ip Code	
11. Pursuan	to the provisions of Sections 607.09	502 and 607 1508 Florida Cta	tutos the she			ation submits this statement for the put d of directors. I hereby accept the app	<u> </u>	Щ,		
SIGNATURE	Superface, by each are perilled manufact region and by OFF (ICERS).	gent and offert applicable AND DIRECTORS	(NOTE Registered	Ageni	signature required		DATE			
11°LF	P	DELETE	1, 1 1	TI C		ADDITIONS/CHANGES TO OFF				
NAME	FURMAN, VERNA S.		1 2 NA				L	Change	☐ Addition	
STREET ADDRESS	*** ********				ADORESS					
Cip - \$1 Zie	PALM HARBOR FL		1.4 CIT							
THILF	ST	☐ DELETE	2 1 TI					Change	Addition	
NAME	FURMAN, BARRY R.		22 NA	ME					_	
STHEET ADDRESS	104 DUNBRIDGE DRIVE PALM HARBOR FL		2 3 ST	REFT	ADDRESS					
Crivest zie Trot	FALM HANDUK FL	FT pourte	2 4 CH		-719					
NAME		DELETE	3 1 11					Change	☐ Addition	
STREET ADDRESS	ļ		3 2 NA	-						
D(f) y - S1 - 21F			3 4 CIT		ADDRESS . ZIP					
TATEF		DELETE	4 1 10		- 415		<u> </u>	Change	Addition	
NAME			4.2 NA	ME				, a .a .yu		
STREET ADDRESS			4.3 ST	EET A	DDRESS					
City-S1 ZiP	<u></u>		4.4 CIT	Y-S1	- ZIP					
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STREET ADDRESS.			1		DDRESS					
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NAME		☐ bereit	8 1 TH					Change	☐ Addition	
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			C 0.000	CCT 4	DOM CO					
0(1Y S1 - ZiP			6 3 STR 6 4 CH		DDRESS					

certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

813-937-5538