FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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|--|--|---|---|---|--|
| DOCUMENT # J36321 (4) | | | | | |
| CARPETS OF CENTRAL FLORIDA, INC. | | | | | |
| CARLETS OF CENTRAL FEORIDA, INC. | | | | 1 ER BAGIN BIRM TIKEN BERNE DIAM | NITOL ERAL BERKE ALTIK DIAN REALI ALAN ALAN ALAN ERAAF |
| | | | | | |
| Principal Place of Business Mailing Address | | | | T METELE BIRD (INE GUER EINE | IIOMA 1941 AIAI9 BIRII ASBEL AIAEL AIAEL AIA9 BIR41 ISBI |
| 1890 PROVIDENCE BLVD. 1890 PROVIDENCE B | | | ινn | | |
| SUITE M SUITE M | | | L | | |
| DELTONA FL 32725 DELTONA FL 3 | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 10/06/1986 | 05/16/1995 |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | 4. FET Number | Applied For |
| 21 | Same | 26 3 | ame | 59-2724347 | Not Applicable |
| Suite, Apt. # | f, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | J. do in osa di didicio do do | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | 55.00 May Be |
| 23 | | 28 | grande grande and | Trust Fund Contribution | Added to Fees |
| Ζιρ 24 | 25 Volumes | Zip | Country | 8. This corporation has liability for Flooda Statutes | intang ble tax under si 199.032, Fili No |
| 24 | 9, Name and Address of Currer | 29 nt Registered Agent | 30 Valuoia | 10. Name and Address of New I | _ |
| <u>-</u> | g, manip and manipos or barron | | 81 Name | Id. Hamo and Hadross of Hell . | logistered Agent |
| | | | | | |
| DISANO, JOSEPH J. 2041-KEYS LAME 18 FU PROVIDENCE BLVD Same 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| DELTO | NA FL-92738 32725 | | 83 | | |
| | | | | | |
| Home 1/2 8 ABELINE, DR. B4 City | | | | | FL 85 Zip Code |
| 11. Pursuant to | the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | s, the above named corpor | ration submits this statement for the pu | ruose of changing its registered office |
| or registere familiar with | ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | da. Such change was authorized ion 607.0505. Florida Statute | d by the corporation's boar | rd of directors. Thereby accept the app | ointment as registered agent. I am |
| SIGNATURE | , | | round (N. | Son 52 | 1116/96 |
| SIGNATORE | Signature, typed or printed name of registered agent | and tide if applicable (NOTE | Er Fly Sterud Agyny ografare renore | a when repostating? | DAT |
| 12. | OFFICERS AN | | 13. // | ADDITIONS/CHANGES TO OF | ICERS AND DIRECTORS IN 12 |
| TITLE | PV 10050U 1 | ☐ (ENEIF | 1. 1 TMLE | | Change Addition |
| NAME | DISANO, JOSEPH J. | | 1.2 NAME | Same | |
| STREET ADDRESS | 1128 ABELINE DR | | 1.3 STREET ADDRESS | James | |
| CITY-ST-ZIP | DELTONA FL 32725 | | 1.4 CITY - ST - ZIP | | F3 Change F3 Addition |
| TITLE | STD Disano, Joseph J. | DELETE | 2 1 11/148 | | Change Addition |
| NAME DYDEAT ADDRESS | 1128 ABELINE DR | | 2.2 NAME | SAME | |
| STREET ADDRESS | DELTONA FL 32725 | | 2.3 STREET ADDRESS | OMME | |
| CITY+S1-ZIP TITLE | DELIGINA PE 32/23 | | 24 CITY-ST-ZIP 3 1 THTLE | | Change Addition |
| NAME | | - Settle | 32 NAME | | C printing C Manual |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 4. 1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 C!TY-ST-ZIP | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | DELETE | 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CHY-SI-ZIF | | |
| TITLE | | ☐ DELETE | 6 1 7111.6 | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | |
| CHTY-ST-ZIP | | | 6 4 CITY - \$1 - 2IF | | |
| 14 I do hereby | certify that the information supplied v | with this filing is unfuntarily furnis | had and done not qualify to | or the exemption stated in Section 110 | 0.713/l/A Florida Statutan I further |

out making certify that the information indicated on this annual report or supplies and does not quality 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 changes, or on an attachment with an address.

SIGNATURE: SIGNATURE AND SPECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 904-789-6881