

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:34

DOCUMENT # **J61879 (9)**  
1. Corporation Name  
**CONTEMPORARY CARPET DISTRIBUTORS, INC.**

Principal Place of Business Mailing Address  
**5015 W HILLSBOROUGH DR TAMPA FL 33634 US** **5015 W HILLSBOROUGH AVE TAMPA FL 33634 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>03/13/1987</b>	3a. Date of Last Report <b>08/05/1994</b>
4. FEI Number <b>59-2833120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CHASTAIN, WILLIAM W ESQUIRE ONE TAMPA CITY CENTER 201 N. FRANKLIN STREET, SUITE 3400 TAMPA FL 33602</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDM</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONE, THOMAS W</b>	1.2 NAME	
STREET ADDRESS	<b>5015 W. HILLSBOROUGH AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33634</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKESLEE, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>6707 AMUDSON STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33634</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VCD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, VALERIE</b>	3.2 NAME	
STREET ADDRESS	<b>6819 LARMON STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33634</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, PAUL</b>	4.2 NAME	
STREET ADDRESS	<b>6412 DIMARCO STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL 33634</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATARI, NAIEM</b>	5.2 NAME	
STREET ADDRESS	<b>3810 14T AVENUE NO.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33713</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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: Valerie Gonzale U.P. 2/10/95 813-885-6551  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE TELEPHONE