

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J62250** (2)

1. Corporation Name
RUGS UNLIMITED, INC.



Principal Place of Business: **4815 PEMBROKE RD HOLLYWOOD FL 33021-8116**
 Mailing Address: **4815 PEMBROKE RD HOLLYWOOD FL 33021-8116**

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip Country
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3. Date Incorporated or Created: **03/17/1987**
 3a. Date of Last Report: **04/25/1995**
 4. FEI Number: **59-2811050**
 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. 193.032, Florida Statute: Yes No
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**RUDAKIEWICZ, ROBERT
 4815 PEMBROKE RD
 HOLLYWOOD FL 33021**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0172 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 607.053, Florida Statutes.

SIGNATURE OF _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RUDAKIEWICZ, ROBERT	
STREET ADDRESS	4815 PEMBROKE RD	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUDAKIEWICZ, STEVEN	
STREET ADDRESS	4815 PEMBROKE RD	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RUDAKIEWICZ, MARY	
STREET ADDRESS	4815 PEMBROKE RD	
CITY- ST- ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report is a true and accurate copy of the information reported to the Secretary of State 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, and that I am personally responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereon, or both after being furnished with an address.

SIGNATURE: *Robert Rudakiewicz* **ROBERT RUDAKIEWICZ** 4/25/96 954-987-5224
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)