

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # J92861 (0)**

1. Corporation Name  
**AAA STRONG'S CARPET SPECIALISTS, INC.**

Principal Place of Business <b>9562 BISCAYNE PK CT          BOCA RATON FL 33428-9939</b>	Mailing Address <b>9562 BISCAYNE PK CT          BOCA RATON FL 33428-9939</b>
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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	<b>9858 Glades Rd #194</b>	<b>09/14/1987</b>		<b>59-2841619</b>		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		<b>\$8.75 Additional Fee Required</b>	
22		27 <b>Suite 194</b>		<input type="checkbox"/>		<input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. City & State		28. City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. Yes		No	
23		28 <b>Boca Raton, FL</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
24. Zip		25. Country		29. Zip		30. Country			
24		25		29 <b>33434</b>		30 <b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>STRONG, MARIE O.</b> <b>9562 BISCAYNE PK CT.</b> <b>BOCA RATON FL 33428</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRONG, MICHAEL A.</b>	1.2 NAME	<b>9858 Glades Road, Ste 194</b>
STREET ADDRESS	<b>9562 BISCAYNE PARK COURT</b>	1.3 STREET ADDRESS	<b>Boca Raton, FL 33434</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<b>same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRONG, MARIE</b>	2.2 NAME	<b>9858 Glades Road, Ste 194</b>
STREET ADDRESS	<b>9562 BISCAYNE PARK COURT</b>	2.3 STREET ADDRESS	<b>Boca Raton, FL 33434</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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; 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 in an attachment with an address.

SIGNATURE: *Marie O. Strong* **2-21-98** **800 379 8001**

CP2E034 (10/97)