FILE NOW:	FILING FEE AFTER	MAY 1ST IS	\$550.00
PROFIT	A THE	ELORIDA DEPARTME	NT OF STATE

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

CARPET RESOURCES, INC.

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



902 CLINT MOORE ROAD SUITE 276 BOCA RATON FL 33487 US 902 CLINT MOORE ROAD SUITE 376 BOCA RATON FL 33487 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1988			
2. Principal Place of Business 2a. Mailing Address					4. F	El Number		Applied For	
21						65-0071122		Not Applicable	
22						Certificate of Status Desired	Fe	75 Additional e Required	
TO DEPOS TO DEPOS TO THE PERSON NAMED IN COLUMN TO PERSON NAMED TO PERSON NAME			s, Fl			lection Campaign Financing rust Fund Contribution	Add	00 May Be ded to Fees	
Zip 334	YS 25 USA	29 ZD 33481 3	Country 30	ALU	8. T	his corporation owes or has p Personal Property Tax due Jui		r Intangible	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent				
DO	LCHIN, STEVEN B.		81	Name					
			62	82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021			63						
			84	City			FI 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, typing or printed name of registered ap	ent and title if applicable (NOTE	Registered Ag	ent signature	required when re	einstating)	DATE		
12.		ID DIRECTORS	13.			DITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		D		Char	nge 🔲 Addition	
NAME	ROSENFELD, MARK		1.2 NAME		MARK	RMANFALD			
STREET ADDRESS	902 CLINT MOORE RD 276		1.3 STREET	r address	17634	TIPPAM TAACE	DIL.		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-5	ST - ZIP	BOGA	BATON, FL. 23	187-		
TITLE	P	☐ DELETE	2.1 TITLE		*	-	Z4 Chai	nge 🔲 Addition	
NAME	ROSENFELD, CAROL		2.2 NAME			ROJENTELD	N.		
STREET ADDRESS	17634 TIFFANY TRAIL DR		2.3 STREET	ADDRESS	17634	TIPPANN THACE	OK.		
CITY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY-	ST - ZIP	BOCA	RATON, FL 334			
TITLE		☐ DELETE	3.1 TITLE			•	Char	nge 🔲 Addition	
NAME			3.2 NAME					i	
STREET ADDRESS			3.3 STREET	r address					
CITY-ST-ZIP			3.4. CITY-	ST - ZIP					
TITLE		☐ DELETE	4.1 TIFLE				∐ Chai	nge L Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
City-St-ZiP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Char	nge 🗌 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
City-St-ZIP		D DOLLAR	5.4 CITY - 5	ST-ZIP			Char	nge Addition	
TITLE		LJ DELETE	6.1 TITLE				L_1 Criai	inge TT MONITOU	
NAME			6.2 NAME					1	
STREET ADORESS			6.3 STREET						
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP	l				

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 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.