


FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L47576 (8)
1. Corporation Name
THE CARPET CONNECTION OF CENTRAL FLORIDA, INC.

Principal Place of Business
294 CLEARLAKE RD.
COCOA FL 32922
US

Mailing Address
294 CLEARLAKE RD.
COCOA FL 32922-9672
US

2. Principal Place of Business
21 310 CLEARLAKE RD
Suite, Apt. #, etc.
22 City & State
Cocoa FL
23 Zip
32922
24 Country

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
01/12/1990

3a. Date of Last Report
04/15/1996

4. FEI Number
59-2999459
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. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
FREY, MARTIN
809 CLEARLAKE RD
COCOA FL 32922

10. Name and Address of New Registered Agent
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 607.0502 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
TITLE PTD
NAME FREY, MARTIN
STREET ADDRESS 809 CLEARLAKE RD
CITY, ST, ZIP COCOA FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: [Signature]
4/1/97 407-639-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR