

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

DOCUMENT # **L49709** (3)
RUG CRAFTS, INC.

95 MAY - 1 PH 1:45

DO NOT WRITE IN THIS SPACE

Principal Office Address 7751 NE BAYSHORE COURT MIAMI FL 33138	Main Office Address 7751 NE BAYSHORE COURT MIAMI FL 33138
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2. Filing Date 21	2a. Mailing Address 26	4. FFI Number 65-0180207	3a. Date of Last Report 06/20/1994
22. State Agent Name 27	23. City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. City & State 25	26. Zip 29	27. County 30	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under Fla. Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**HIRSCH, ELLEN G ESQ
3111 STIRLING ROAD
FT LAUDERDALE FL 33312-6525**

10. Name and Address of New Registered Agent

B1 Name LISA K. STRADER
B2 Street Address (P.O. Box Number is Not Acceptable) 7751 NE Bayshore Court
B3 Suite 4A
B4 City Miami
B5 State FL
Zip Code 33138

11. Pursuant to the provisions of Sections 220.01 and 220.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by both of the State of Florida Statutes which was approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and am a resident of the State of Florida.
By: *Lisa K. Strader* **May 12, 1995**

12. CHANGES AND DELETIONS

NAME	PD STRADER, LISA K
STREET ADDRESS	7751 NE BAYSHORE COURT
CITY	MIAMI FL
STATE	
ZIP CODE	
CITY	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
CITY	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
CITY	

13. ADDITIONS CHANGES TO EFFECTIVE, AND DELETIONS IN

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Address
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
CITY		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
CITY		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
CITY		

REMITTED BY *Lisa K. Strader*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and filed and qualify for the exemption stated in Section 220.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report or form and schedule 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 220, Florida Statutes, and that my name appears on Block 12 of this report. If a change of an officer or director with an address.

SIGNATURE: *Lisa K. Strader* **LISA K STRADER 4/27/95**