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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L72360
1. Corporation Name

(5)

CARPET MAGIC, INC.

Principal Place of Business Mailing Address

15758 TREASURE ISLAND LANE S.E. 15758 TREASURE ISLAND LANE S.E. ET MYERS EL 33005



Sile April April 20 Sile Apr	FT. MYERS FL	. 33905	FT. MYERS FL 3390	5						
Suito, Apt. 4, etc. Suito, Apt. 6, etc.							05/10/1990	3a. Date of 04/ 2	Last Re 1/199	port 15
Suite, Apt. #, etc. South Apt. #, etc.	2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied For				
Suite, Apt. 4, ellc. 27 27 Chy & State Ch	1		26				65-0194596			lot Applicable
City & State City & State	Suite, Apt. #,	etc.				5. Certificate of Status Desired				
Zp Country Zp Country Zp Sp Sp Sp Sp Sp Sp Sp							6. Election Campaign Financing		\$5.00) May Be
Zp Country Zp So So Country Zp So So So So So So So S	n 1		⊢ '				Trust Fund Contribution		Addec	to Fees
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 15758 TREASURE ISLAND LANE S.E. FT. MYERS FL 33905 83 City FL 85 Ci		Country		Cou	intry		8. This corporation has liability for	ntangible tax L	nder s	199.032,
S. Name and Address of Current Registered Agent MATTHEWS, WALLACE D. 15758 TREASURE ISLAND LANE S.E. FT. MYERS FL 33905 1. Pursuant to the provisions of Sections 607 (6002 and 607 1508; Florida Statutes, the above named corporation's board of overclors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of overclors. I hereby accept the appointment as registered agent. I remailer with, and accept the obligations of Sections 607 (5002 and 607 1508; Florida Statutes, the above named corporation's board of overclors. I hereby accept the appointment as registered agent. I remailer with, and accept the obligations of Section 607 (500). Florida Statutes In Provision when the obligations of Section 607 (500). Florida Statutes In Provision with, and accept the obligations of Section 607 (500). Florida Statutes In Provision with, and accept the obligations of Section 607 (500). Florida Statutes In Provision with, and accept the appointment as registered agent. I remailer with, and accept the appointment as registered agent. I remailer with, and accept the obligations of Section 607 (500). Florida Statutes In Provision with, and accept the obligations of Section 607 (500). Florida Statutes In Int I with the statutes of the provision of Section 607 (500). Florida Statutes In Int I with	1	 -	}	30						
MATTHEWS, WALLACE D. 15758 TREASURE ISLAND LANE S.E. FT. MYERS FL 33905 82 Street Address (P.O. Box Number is Not Acceptable) 83 Salary	L						10. Name and Address of New R	egistered Ag	ent	
15.758 TREASURE ISLAND LANE S.E. FT. MYERS PL 33905 8 4 City FL 85 Zip Code 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. It is provided 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. It is provided agent with an ad accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typic or principle agent and life 4 agreement provided agent ag					81	Name				
15.758 TREASURE ISLAND LANE S.E. FT. MYERS PL 33905 8 4 City FL 85 Zip Code 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent. It is provided 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. It is provided agent with an ad accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typic or principle agent and life 4 agreement provided agent ag	MATTHEWS, WALLACE D.				02	Stroot Addre	ess (P.O. Box Number is Not Acceptat	le)		
### PL MYERS FL 33905 ### City ### FL ### ### ### ### ### ### ### ### ###							500 (Fe., Bex. 12			
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F. 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 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 is statement to the purpose of private appointment as registered agent. I is statement with, and accept the obligations of, Section 607.0505; Florida Statutes. Foreign Florida	, ,, ,,,,	110 (E 33334			84	City			85 Žip	Code
or registered agent, or both, in the State of Honola, SUCH Change Was authorized by the Cultivariation's United Statutes SIGNATURE Dignature Speci or present remains and present and shelf approaches 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL MATTHEWS, WALLACE D. 15758 TREASURE ISLAND LN FT. MYERS FL DELETE DELETE 1 TITLE Change Add Add Add T. MYERS FL DELETE 3 TITLE Change Add Add Add Add SIRRET ADDRESS CITY-S1-ZP DELETE DELETE 1 TITLE Change Add Add Add Add CITY-S1-ZP DELETE DELETE Add CITY-S1-ZP Add CITY-S1-ZP Add CITY-S1-ZP DELETE DELETE Add CITY-S1-ZP DELETE Add CITY-S1-ZP Add CITY-					1	' '				
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				6.2	NAME	:				
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Led basebu pedia that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furn				6.4	CITY-	ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes, Indicated 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 coath; 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 any address.

SIGNATURE:

Wallace Mark trans

4.24.96 Date

941-694.3523 Daytine Phone #