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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L79853 (2) 1. Corporation Name SPACE COAST CARPET, INC.					
Principal Place of Business 4909 N. US 1 COCOA FL 32827 US			Mailing Address 4909 N. US 1 COCOA FL 32827-6030 US		
2. Principal Place of Business 21 2145 S. U.S. 1 Suite, Apt. #, etc.		2a. Mailing Address 26 2145 S. U.S. 1 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/11/1990	
22 City & State Rockledge Fla		27 City & State Rockledge Fla		3a. Date of Last Report 05/01/1996	
23 Zip 32955		28 Zip 32955		4. FEI Number 50-3114158	
24 Country US		29 Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DAVENPORT, DIANNA BARBEE 602 W CT TITUSVILLE FL 32706			10. Name and Address of New Registered Agent 81 Name PATTI FRANZ 82 Street Address (P.O. Box Number is Not Acceptable) 20854 Nettleton St 83 84 City Orlando FL 85 Zip Code 32833		
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 Patti Franz PATTI FRANZ, Office Manager 4-23-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE PD FRANZ, MARK 20854 NETTLETON STREET ORLANDO FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

(407)6319444

Daytime Phone #

CR2E034 (9/96)