FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # M11886

(2)

CREATIVE CARPET CONCEPTS, INC.

FILED
Jul 22 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						1 10 10 10 10 10 10 10 10 10 10 10 10 10		91411 91411 1941	
7310 SW 45TH	H ST.	7310 SW 45TH ST.	7310 SW 45TH ST.						
MIAMI FL 33155		MIAMI FL 33155	MIAMI FL 33155			DO NOT WRITE IN TH	IO ODACE		
						3. Date Incorporated or Qualified	IS STACE.		
						02/27/1985			
2 Principal Di	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
	ace or prosinces	26				59-2509005		Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		5 Additional	
22	., 91 0.	1	27			5. Certificate of Status Desired		Required	
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be	
23		28	28			Trust Fund Contribution			
Zip			untry		8. This corporation owes or has paid the	current year	Intangible		
24	25 29 30		30			Personal Property Tax due June 30.	ne 30. 🔲 Yes 🔲 No		
	Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent		
REDDEN, MARILYN					Name				
9270 SW 148 ST.				82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	AMI FL 33176		02 30 661 AU			Total Control Total Control Co			
				83					
				84	City		. 85 Z	ip Code	
				64	City	F	:L °° *	ip 0000	
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Stal	lutes, the a	bove	-namod cor	poration submits this statement for the purpos	e of changin	g its registered	
office or rogistered 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 typed or printed name of registered agent and little if applicable (NOTE Registered					nl signaturo requi	ired when reinstating) DAT			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	P		11 T	11 THLE			L. Chang	pe ∐ Addition i	
NAME BINKOV, MICHAEL			1.2 NAME						
STREET ADDRESS	6 650 SW 70 TERR		· ·		ADDRESS				
CITY-ST-ZIP	6 MIAMI FL				T - Z#P			. Dage.	
TITLE	81	☐ DELETE	☐ DELETE 2.11				Chang	ge 🗌 Addition	
NAME	REDDEN, MARILYN			2.2 NAME					
STREET ADDRESS	9270 S.W. 148TH ST.				ADDRESS				
CITY-ST-ZIP	MIAMI FL				ST-ZIP		[] C+	a Davidska	
TITLE		☐ DELETE	DELETE 3.1 TITLE				Chang	ge 🔲 Addition	
NAME			3.2 N						
STREET ADDRESS			3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP				a desire	
TITLE	_		4.11				Chang	ge 🔲 Addition	
NAME	4			NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	1-21P		Chan	Addition	
TITLE				5.1 TITLE			L Chang	ge 🔲 Addition	
NAME				AME					
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP				HY-S	I-ZIP		Chan	no Addition	
TITLE		☐ DELETE	611				Chan	ge L Addition	
NAME			6.2 N	NAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-S1-ZIP			6.40	ITY-S	T-ZIP	Continue 440 07/03/0) Florido Ctoluton I furthe		the information	

14. Thereby 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 receiper 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 changing, or on an attagrament with an address.

Block 12 of Block 13 it changing, of our an anathrine in with an address.