FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M69974** **(7)**

1. Corporation Name

FRANKLIN'S CARPET, INC.

Principal Place of Business

% SARAH FRANKLIN
1370 N.W. 54TH ST.
MIAMI FL 33142-0859

Mailing Address

% SARAH FRANKLIN
1370 N.W. 54TH ST.
MIAMI FL 33142-0859

3. Date Incorporated or Qualified: **02/23/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0050515** ☐ 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

2. Principal Place of Business

21 **5275 NW 36th AVE**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL**
Zip
24 **33142**
Country
25 **USA**

2a. Mailing Address

26 **5275 NW 36th AVE**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FL**
Zip
29 **33142**
Country
30 **USA**

9. Name and Address of Current Registered Agent

FRANKLIN, SARAH
1370 N.W. 54TH ST.
MIAMI FL 33142-0859

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (By the Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FRANKLIN, ROZZIE JR.	
STREET ADDRESS	12620 S.W.92ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	☐ DELETE
NAME	FRANKLIN, SARAH	
STREET ADDRESS	12620 S.W.92ND CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ DELETE
NAME	FRANKLIN, WILLIE	
STREET ADDRESS	12315 SW 151 ST APT#112	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		XX Change ☐ Addition
3.2 NAME	FRANKLIN, WILLIE	
3.3 STREET ADDRESS	12315 SW 151 ST APT#112	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sarah Franklin 2-9-96 305-6380014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #