

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N21472 (8)
1. Corporation Name

RUG CUTTERS EXHIBITION TEAM, INCORPORATED



Principal Place of Business Mailing Address
2616 MISSION ROAD #24 2616 MISSION ROAD #24
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/06/1987		04/19/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2948547		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOYD, FOSTER SCOTT 728 EAST JEFFERSON STREET TALLAHASSEE FL 32301-2917				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	BOYD, SCOTT		1.1 TITLE			
NAME	BOYD, SCOTT	728 E. JEFFERSON ST.		1.2 NAME			
STREET ADDRESS	728 E. JEFFERSON ST.	TALLAHASSEE FL		1.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CITY - ST - ZIP			
TITLE	PD	BOYD, SUSAN		2.1 TITLE			
NAME	BOYD, SUSAN	2616 MISSION RD. #24		2.2 NAME			
STREET ADDRESS	2616 MISSION RD. #24	TALLAHASSEE FL		2.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			2.4 CITY - ST - ZIP			
TITLE	D	MYERS, BOB		3.1 TITLE			
NAME	MYERS, BOB	631 EAST CALL STREET, APT. 306		3.2 NAME			
STREET ADDRESS	631 EAST CALL STREET, APT. 306	TALLAHASSEE FL		3.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			3.4 CITY - ST - ZIP			
TITLE	TD	MCMULLEN, CAROLE		4.1 TITLE			
NAME	MCMULLEN, CAROLE	1128 ALBRITTON DRIVE		4.2 NAME			
STREET ADDRESS	1128 ALBRITTON DRIVE	TALLAHASSEE FL		4.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			4.4 CITY - ST - ZIP			
TITLE	VD	ABBOTT, JAMIE		5.1 TITLE			
NAME	ABBOTT, JAMIE	P.O. BOX 614 N/A, 1118 THOMASVILLE ROAD		5.2 NAME			
STREET ADDRESS	P.O. BOX 614 N/A, 1118 THOMASVILLE ROAD	TALLAHASSEE FL		5.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			5.4 CITY - ST - ZIP			
TITLE	S	BERNAL, KATHY		6.1 TITLE			
NAME	BERNAL, KATHY	4366 KENSINGTON ROAD		6.2 NAME			
STREET ADDRESS	4366 KENSINGTON ROAD	TALLAHASSEE FL		6.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL			6.4 CITY - ST - ZIP			

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

904-575-6837

Daytime Phone #

CR2E037 (12/95)