


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21472** (8)

1. Corporation Name

RUG CUTTERS EXHIBITION TEAM, INCORPORATED



Principal Place of Business 2616 MISSION ROAD #24 TALLAHASSEE FL 32304	Mailing Address 2616 MISSION ROAD #24 TALLAHASSEE FL 32304-2531
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3. Date Incorporated or Qualified 07/06/1987	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2948547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 337 DE SOTO ST.	2a. Mailing Address 26 337 DE SOTO ST.
Suite, Apt. #, etc. 22 TALLA., FL.	Suite, Apt. #, etc. 27
City & State 23 32303	City & State 28 TALLA., FL.
Zip 24	Country 25 LEON
Zip 29 32303	Country 30 LEON

9. Name and Address of Current Registered Agent BOYD, FOSTER SCOTT 728 EAST JEFFERSON STREET TALLAHASSEE FL 32301-2917	10. Name and Address of New Registered Agent 81 Name BOYD, FOSTER SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 2023 E. FOREST DR. 83 84 City TALLAHASSEE FL 85 Zip Code 32303
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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 *Sandra B. Mortham*
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYD, SCOTT		1.2 NAME BOYD, SCOTT	
STREET ADDRESS 728 E. JEFFERSON ST.		1.3 STREET ADDRESS 2023 E. FOREST DR.	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP TALLA., FL. 32303	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOYD, SUSAN		2.2 NAME BOYD, SUSAN	
STREET ADDRESS 2616 MISSION RD. #24		2.3 STREET ADDRESS 337 DE SOTO ST.	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP TALLA., FL. 32303	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, BOB		3.2 NAME	
STREET ADDRESS 631 EAST CALL STREET, APT. 306		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMULLEN, CAROLE		4.2 NAME	
STREET ADDRESS 1128 ALBRITTON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABBOTT, JAMIE		5.2 NAME	
STREET ADDRESS P.O. BOX 614 N/A, 1118 THOMASVILLE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNAL, KATHY		6.2 NAME	
STREET ADDRESS 4366 KENSINGTON ROAD		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 4/24/97 224-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008211

CR2E037 (9/96)