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 # **P29951** **(1)**

1. Corporation Name

COUNTRY FLOORS, INC.

Principal Place of Business	Mailing Address
15 EAST 16TH STREET NEW YORK NY 10003	15 EAST 16TH STREET NEW YORK NY 10003

3. Date Incorporated or Qualified: **06/26/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2536574** ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505 and 607.150(1), 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	KARLSON, NORMAN		12 NAME		
STREET ADDRESS	8735 MELROSE AVE		13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		14 CITY-ST-ZIP	90069	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☒ Addition
NAME	KARLSON, SHANNON		22 NAME		
STREET ADDRESS	8735 MELROSE AVE		23 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		24 CITY-ST-ZIP	90069	
TITLE	VP	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	HATTON, BARBARA		32 NAME		
STREET ADDRESS	1855 GRIFFIN RD		33 STREET ADDRESS	15 East 16th Street	
CITY-ST-ZIP	DANIA FL		34 CITY-ST-ZIP	New York, NY 10003	
TITLE	VP	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	KARLSON, DOUGLAS		42 NAME		
STREET ADDRESS	TWO HENRY ADAMS ST		43 STREET ADDRESS	8735 Melrose Avenue	
CITY-ST-ZIP	SAN FRANCISCO CA		44 CITY-ST-ZIP	Los Angeles, CA 90069	
TITLE	VP	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	GRANDE, HERMO		52 NAME		
STREET ADDRESS	321 DAVENPORT RD		53 STREET ADDRESS	8735 Melrose Avenue	
CITY-ST-ZIP	TORONTO CA		54 CITY-ST-ZIP	Los Angeles, CA 90069	
TITLE	CC	☐ DELETE	61 TITLE		☒ Change ☐ Addition
NAME	CHOWDHURY, MARK		62 NAME		
STREET ADDRESS	321 DAVENPORT RD		63 STREET ADDRESS	15 East 16ht Street	
CITY-ST-ZIP	TORONTO CA		64 CITY-ST-ZIP	New York, NY 10003	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is not untrue, I am familiar 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: Mark Chowdhury 3/19/96 212-627-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #