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FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

**15 EAST 16TH STREET  
NEW YORK NY 10003**

Mailing Address

**15 EAST 16TH STREET  
NEW YORK NY 10003**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/26/1990**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **FRANK P. SWIGUT**  
STREET ADDRESS **15 EAST 16TH ST.**  
CITY - ST - ZIP **NYC NY**

TITLE **PD** ☐ DELETE  
NAME **KARLSON, SHANNON**  
STREET ADDRESS **8735 MELROSE AVE**  
CITY - ST - ZIP **LOS ANGELES CA**

TITLE **VP** ☐ DELETE  
NAME **HATTON, BARBARA**  
STREET ADDRESS **15 EAST 16TH ST**  
CITY - ST - ZIP **NEW YORK NY**

TITLE **VP** ☐ DELETE  
NAME **KARLSON, DOUGLAS**  
STREET ADDRESS **8735 MELROSE AVE**  
CITY - ST - ZIP **LOS ANGELES CA**

TITLE **VP** ☐ DELETE  
NAME **GRANDE, HERMO**  
STREET ADDRESS **8735 MELROSE AVE**  
CITY - ST - ZIP **LOS ANGELES CA**

TITLE **CC** ☐ DELETE  
NAME **CHOWDHURY, MARK**  
STREET ADDRESS **15 EAST 16TH ST**  
CITY - ST - ZIP **NEW YORK NY**

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

14. I 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 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*

*1/20/98*

CR2E034 (10/97)