

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30344 (6)
 1. Corporation Name
NEW YORK CARPET WORLD OF FLORIDA, INC.



Principal Place of Business 23840 W EIGHT MILE RD SOUTHFIELD MI 48034	Mailing Address 23840 W EIGHT MILE RD SOUTHFIELD MI 48034-4237
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2. Principal Place of Business 21 616 E. Walnut Ave		2a. Mailing Address 26 P.O. DRAKE 2128		3. Date Incorporated or Qualified 07/30/1990	3a. Date of Last Report 03/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 38-2942109	Applied For <input type="checkbox"/> Not Applicable
22 City & State DALTON, GA		27 City & State DALTON, GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 30720		28 Zip 30720-2128		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERLIN, MARVIN		1.2 NAME	Vance Bell	
STREET ADDRESS	18251 ONYX		1.3 STREET ADDRESS	202 South Gausehill Rd	
CITY-ST-ZIP	SOUTHFIELD MI		1.4 CITY-ST-ZIP	Rocky Face, GA 30740	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARLMAN, STUART		2.2 NAME	Bernie M. Laughter	
STREET ADDRESS	3200 SHADYDALE LN		2.3 STREET ADDRESS	4004 Millstone Circle	
CITY-ST-ZIP	W BLOOMFIELD MI		2.4 CITY-ST-ZIP	Rocky Face, GA 30740	
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TELFER, JAMES		3.2 NAME	Douglas H. Hoskins	
STREET ADDRESS	37432 LEGENDS TRL		3.3 STREET ADDRESS	1708 Brimallitt Circle	
CITY-ST-ZIP	FARMINGTON HILLS MI		3.4 CITY-ST-ZIP	DALTON, GA 30720	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, MARVIN		4.2 NAME		
STREET ADDRESS	37432 LEGENDS TRL		4.3 STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS MI		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, IRVING		5.2 NAME		
STREET ADDRESS	26575 WILLOWGREEN		5.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN MI		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

SIGNATURE: *Douglas H. Hoskins* **Douglas H. Hoskins** 4/24/97 (706) 278-3812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)