

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P30344 (6)

1. Corporation Name

NEW YORK CARPET WORLD OF FLORIDA, INC.

Principal Place of Business

23940 W EIGHT MILE RD  
SOUTHFIELD MI 48034

Mailing Address

23940 W EIGHT MILE RD  
SOUTHFIELD MI 48034-4237



2. Principal Place of Business

21 *616 E. Walnut Ave*

Suite, Apt. #, etc.

2a. Mailing Address

26 *P.O. Drawer 2128*

Suite, Apt. #, etc.

27 City & State

23 *Dalton, GA*

Zip

Country

24 *30720* 25

Zip

Country

29 *30722-2128* 30

City & State

28 *Dalton, GA*

Zip

Country

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

35 Zip Code

9. Name and Address of Current Registered Agent

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

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>07/30/1990</b>  | 3a. Date of Last Report<br><b>03/20/1996</b> |
| 4. FEI Number<br><b>38-2942109</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><i>Vance Bell</i>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><i>202 South Goosehill Rd</i> |
| 83   |
| 84 City<br><i>Rocky Face, GA 30740</i>   |

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 reclassifying)

DATE

| 12. OFFICERS AND DIRECTORS                       |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
|--|---|---|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | P<br>BERLIN, MARVIN<br>18251 ONYX<br>SOUTHFIELD MI              | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br><i>Vance Bell</i><br>202 South Goosehill Rd<br>Rocky Face, GA 30740        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | T<br>PEARLMAN, STUART<br>3200 SHADYDALE LN<br>W BLOOMFIELD MI   | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | 5<br><i>Bennie M. Laughter</i><br>46004 Millstone Circle<br>Rocky Face, GA 30740 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | S<br>TELFER, JAMES<br>37432 LEGENDS TRL<br>FARMINGTON HILLS MI  | <input checked="" type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | 7<br><i>Douglas H. Hoskins</i><br>1908 Bivalley Circle<br>Dalton, GA 30720       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>BERLIN, MARVIN<br>37432 LEGENDS TRL<br>FARMINGTON HILLS MI | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP | D<br>NUSBAUM, IRVING<br>26575 WILLOWGREEN<br>FRANKLIN MI        | <input checked="" type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP |   | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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, upon an attachment with an address.

SIGNATURE

Signature typed or printed name of signing officer or director

*Douglas H. Hoskins*

Date

4/28/97 (706) 278-3812

Daytime Phone #

0479841

CR2E034 (9/96)