

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

FILED

May 07 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 # **P38907** (2)

1. Corporation Name
KAUFMAN MEASURING & CARPET SERVICES, INC.



Principal Place of Business 5641 DEWEY ST 18 W MORNING VIEW DR HOLLYWOOD FL 33021 US	Mailing Address 5641 DEWEY ST 18 W MORNING VIEW DR HOLLYWOOD FL 33021 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1992	3a. Date of Last Report 04/25/1996
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	26 City & State	4. FEI Number 06-1287926	Applied For Not Applicable
23 Zip	24 Country	27 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29 Zip	30 Country	31 Zip	32 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

KAUFMAN, JOYCE V.
400 KENSINGTON ROAD 18 W. MORNING VIEW DR
HOLLYWOOD FL 33021 EUSTIS PL 32726

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CPT KAUFMAN, JOYCE V.	1.2 NAME	
STREET ADDRESS	5641 DEWEY ST 18 W. MORNING VIEW DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL EUSTIS PL 32726	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS KAUFMAN, RALPH	2.2 NAME	
STREET ADDRESS	5641 DEWEY ST 18 W MORNING VIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL EUSTIS PL 32726	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 an attachment with an address.

SIGNATURE: Joyce V Kaufman **JOYCE V. KAUFMAN** 4/29/97 352-357-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)