FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAY -1 AM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000005045 (9)

1. Corporation Name
CREATECH U.S.A., INC.

Principal Place of Business	Mailing Address
1300 STIRLING RD #9B DANIA FL 33004	1300 STIRLING RD #9B DANIA FL 33004

2. Principal Place of Business — 21 —; 22 Suite, Apt. #, etc. —; 23 City & State —; 24 Zip —; 25 Country —
2a. Mailing Address — 26 —; 27 Suite, Apt. #, etc. —; 28 City & State —; 29 Zip —; 30 Country —

3. Date Incorporated or Qualified: **11/12/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0368777** — 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 is eligible for ... Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

FRIEDMAN, STEVEN
245 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE [ ] Change [ ] Addition
NAME	HAEGELE, JOHN H	12 NAME
STREET ADDRESS	2765 EGRET WAY	13 STREET ADDRESS
CITY-ST-ZIP	COOPER CITY FL 33026	14 CITY-ST-ZIP
TITLE	D	21 TITLE [ ] Change [ ] Addition
NAME	MCKINNEY, JAMES C	22 NAME
STREET ADDRESS	256 A DOREMUS DRIVE	23 STREET ADDRESS
CITY-ST-ZIP	CRANBURY NJ 08512	24 CITY-ST-ZIP
TITLE		31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE		41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: J. H. Haegele JOHN H. HAEGELE — 4/28/95 — 305-920-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076044 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P92000005452 (7)**

1. Corporate Name

CARPETS PLUS OF DEERFIELD BEACH, INC.

Principal Place of Business

81 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

Mailing Address

81 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441

(Changes Only)

2. Principal Place of Business	2a. Mailing Address
21	26
State Agent Name	State Agent Name
22	27
City & State	City & State
23	28
ZIP / County	ZIP / County
24 / 25	29 / 30

3. Date Incorporated or Qualified: **11/16/1992**

3a. Date of Last Report: **07/28/1994**

4. FEI Number: **65-0369360** ☐ 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. Does corporation owe any Florida Taxes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASTERSON JOSEPH F.
109 ROYAL PARK DR. # 1H
OAKLAND PARK FL 33309

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 Section(s) 607.1005 and 607.1006, 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

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	MASTERSON JOSEPH F.	1 NAME	
1 STREET ADDRESS	109 ROYAL PARK DR.	1 STREET ADDRESS	
1 CITY ST ZIP	OAKLAND PARK FL 33309	1 CITY ST ZIP	
2 TITLE	S	2 TITLE	☐ Change ☐ Addition
2 NAME	MASTERSON CLAUDETTE A.	2 NAME	
2 STREET ADDRESS	109 ROYAL PARK DR.	2 STREET ADDRESS	
2 CITY ST ZIP	OAKLAND PARK FL 33091	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished 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 report or supplemental report is true and accurate and that the 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 with an indication of any change(s) or addition.

SIGNATURE: Claudette Masterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

(305)360-0029
Daytime Phone #

0285008 CP