


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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P92000006040 (9)**

1. Corporation Name
WILLIAMS CARPET SYSTEMS, INC.

Principal Place of Business
**1965 N.W. 22ND STREET
FT. LAUDERDALE FL 33311
US**

Mailing Address
**1965 N.W. 22ND STREET
FT. LAUDERDALE FL 33311-2938
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1992		3a. Date of Last Report 04/08/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0371876		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILLIAMS, JEAN 1965 N.W. 22ND ST. FT. LAUDERDALE FL 33311				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILLIAMS, JEAN		1.2 NAME				
STREET ADDRESS	13920 N MIAMI AVE		1.3 STREET ADDRESS				
CITY-STATE-ZIP	MIAMI FL 33311		1.4 CITY-STATE-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILLIAMS, JASPER		2.2 NAME	WILLIAMS, JASPER			
STREET ADDRESS	13920 N MIAMI AVE		2.3 STREET ADDRESS	13920 N MIAMI AVE			
CITY-STATE-ZIP	MIAMI FL		2.4 CITY-STATE-ZIP	MIAMI, FL 33168			
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-STATE-ZIP			3.4 CITY-STATE-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-STATE-ZIP			4.4 CITY-STATE-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-STATE-ZIP			5.4 CITY-STATE-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-STATE-ZIP			6.4 CITY-STATE-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:

Jean Williams
JEAN WILLIAMS, PRESIDENT

3/13/97
Date

(954) 486-5777
Daytime Phone

0270217

CR2E034 (9/96)