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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

9 04 - 130 4152

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

P92000011065 (9)

	MENT # P92000 S QUALITY CARPETS, INC.	011065 (9)		E LEBRICADI INVISTINA MERI BÖNK ADINI AD	NA BOINT UNAN UNAN BRUM DINAL BALL HULL
Principal Place of Business Mailing Address 8030-8 PHILLIPS HIGHWAY 8030-8 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 1 JACKSONVILLE FL 32256					
				3. Date Incorporated or Qualified 12/09/1992	3a. Date of Last Report 02/27/1996
2. Principal Pr	ace of Business	2a. Mailing Address	2a. Mailing Address		Applied For
118440	Phillips Hwy	26 8440 Ph: 1/105 Hwy		59-3154074	Not Applicable
Suite Apt. # atc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Jackson Ville FL		City & State 28 Jackson Ville FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip	Country	8. This corporation has liability for	
24 5/12	9. Name and Address of Current	29 32 2 6- 7466 30	USB	Florida Statutes 10. Name and Address of New Re	Yes No
CVI		negistered Agent	81 Name	10. Numb and Frances VI Have Ite	Alastina ulatti
SOUD, VICTOR 8030-8 PHILLIPS HIGHWAY			82 Street Address (P.O. Box Number is Not Acceptable)		
JAL	CKSONVILLE FL 32256		83	**************************************	
			84 City		85 Zip Code
					FL
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State (and 607,1508, Florida Statutes, of Florida, Such change was auth	the above-named cor porized by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes		
SIGNATURE	Signatur, my ele or printed nacic of registered ager	of and title if applicable. (NOTE: Re	gistered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	SOUD, JR., VICTOR J		1.2 NAME		
STREET ADDRESS	3420 EXCALIBER WAY EAST		1.3 STREET ADDRESS		
CITY - ST - ZiP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	LJ DELETE	2:1 TITLE		L. Change L. Addition
NAME	ATTER, SAM		2.2 NAME		
STREET ADDRESS	9360 CRAVEN ROAD, #405		2.3 STREET ADDRESS		
CHY+S1-ZIP	JACKSONVILLE FL SD	DELETE	2. 4 CITY - ST - ZIP	Z	Change Addition
TITLE	SOUD. DEBBIE	FT DEFET	3.1 TITLE 3.2 NAME	rreasurer	The change of very contract of
NAME Cross Landings	3420 EXCALIBER WAY EAST		3.3 STREET ADDRESS		
STREET ADORESS CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	IMHOFF, JOHN	/ `	4. 2 NAME		
STRELF ADDRESS	12668 ATTRILL ROAD	ľ	4.3 STREET ADDRESS		}
City+St-7iP	JACKSONVILLE FL 32258		4.4 CITY-ST-ZIP		
11FLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(1Y - S1 - 7(P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

64 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 justice emproyeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or just a glackypent with a floridges.