FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P92000011509 (6) DOCUMENT # PENTHOUSE RUGS, INC. Principal Place of Business Mailing Address 13720 SPINNAKER :ANE 13720 SPINNAKER LANE WELLINGTON FL 33414 WELLINGTON FL 33414 3a. Date of Last Report 04/28/1995 Date Incorporated or Qualified 12/14/1992 28. Mailing Address Spinniker Lane 26. 12 120 Spinniker Lane 4. FEI Number 65-0396577 2. Principal Place of Business Applied For 12720 Spinnaker Lane 26 Not Applicable \$8.75 Additional mellington 5. Certificate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Palm Beach 29 25 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CELONA, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 12720 SPINNAKER LANE WELLINGTON FL 33065 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stalutes, 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 Agont signature required when reinstating) (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition CELONA. JOHN 1.2 NAME CR2E034 3870 N.W. 78TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 City - St - ZiP CELONA JOHN DELETE Change 2 1 TITLE Addition 12720 Spinnaker Lane. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS welling ton CITY-ST-ZIP 24 CITY - ST-ZIP DELETE 3 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE 4 1 TITLE Change ☐ Addition 42 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change 5. 1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5 4 CITY - ST - ZIP ☐ DELETE 6. 1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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)(k), 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 cath; 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 13 if changed, or on an attachment with an address.

6.4 CITY - ST- ZIP

SIGNATURE

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CITY - ST - ZIP

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