

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/3/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
1995 JUL 11 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000011758 (9)**

1. Corporation Name

**BRIAN'S CARPET OF SOUTH FLORIDA, INC.**

Principal Place of Business

1391 S.W. 52 AVENUE  
PLANTATION FL 33317

Mailing Address

1391 S.W. 52 AVENUE  
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1992**  
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

Zip

Country

4. FEI Number

**65-0366704**

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**JOYCE, BRIAN**  
1391 SW 52 AVE  
SUITE 44408  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

**FL**

05

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P**

NAME

**JOYCE, BRIAN**

STREET ADDRESS

**1391 SW 52 AVENUE**

CITY - ST - ZIP

**PLANTATION FL 33317**

TITLE

**VP**

NAME

**JOYCE, JOANNE**

STREET ADDRESS

**1391 SW 52 AVENUE**

CITY - ST - ZIP

**PLANTATION FL 33317**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**33317**

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**33317**

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 noted in Section 110.07(3)(b), 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:

*Brian Joyce*

**Brian Joyce**

**7/5/95 (305) 797-8674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)