

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P92000011758 ((9))**  
1. Corporation Name

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

Principal Place of Business: **1391 S.W. 52 AVE. PLANTATION, FL. 33317**  
Mailing Address: **1391 S.W. 52 AVE. PLANTATION, FL. 33317**

3. Date incorporated or Qualified: **12/14/1992**  
3a. Date of Last Report: **7 / 7 / 95**

21. Principal Place of Business	2a. Mailing Address	4. FEIN Number	Applied Fee (Not Applicable)
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>65-0366704</b>	<b>\$8.75</b> Additional Fee Required
23. City & State	27. City & State	5. Certificate of Status Designated	<b>\$5.00</b> May Be Added to Fees
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	
25. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.099 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**JOYCE, BRIAN  
1391 S.W. 52 AVE.  
PLANTATION, FL. 33317**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

11. Pursuant to the provisions of Sections 607.071 and 607.1618 Florida Statutes, the above named corporation certifies this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. This is in accord with the applicable provisions of the Florida Statutes and acceptable to the Department of State.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>P</b>	TITLE	
NAME	<b>JOYCE, BRIAN</b>	1. NAME	
STREET ADDRESS	<b>1391 S.W. 52 AVE.</b>	2. STREET ADDRESS	
CITY, ST, ZIP	<b>PLANTATION, FL. 33317</b>	3. CITY, ST, ZIP	
TITLE	<b>VP</b>	4. TITLE	
NAME	<b>JOYCE, JOANNE</b>	5. NAME	
STREET ADDRESS	<b>1391 S.W. 52 AVE.</b>	6. STREET ADDRESS	
CITY, ST, ZIP	<b>PLANTATION, FL. 33317</b>	7. CITY, ST, ZIP	
TITLE		8. TITLE	
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		11. CITY, ST, ZIP	
TITLE		12. TITLE	
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	

**700001864597**  
-06/18/96--01012--027  
\*\*\*233.75  
6/17/96

14. I, the undersigned, certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation named herein, and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

**SIGNATURE: Joanne Joyce** **Joanne Joyce** 6/4/96 (305)797-8674

CR2E034 (3/96)