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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90148 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000011758**

1. Corporation Name  
**BRIAN'S CARPET OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>1391 S.W. 52 AVENUE                  PLANTATION FL 33317</b>	Mailing Address <b>1391 S.W. 52 AVENUE                  PLANTATION FL 33317</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3114 45 ST</b> Suite, Apt. #, etc. 22 <b>Suite # 9</b> City & State 23 <b>West Palm Beach, FL</b> Zip Country <b>WEST</b> 24 <b>33407</b> 25 <b>Palm Beach</b>	2a. Mailing Address 26 <b>3114 45 ST.</b> Suite, Apt. #, etc. 27 <b>Suite # 9</b> City & State 28 <b>West Palm Beach, FL</b> Zip Country <b>WEST</b> 29 <b>33407</b> 30 <b>Palm Beach</b>
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3. Date Incorporated or Qualified <b>12/14/1992</b>	4. FEI Number <b>65-0366704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Brian Joyce</b>	85 Zip Code <b>33470</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15209 66 CT North</b>	
83	
84 City <b>Loxahatchee</b>	<b>FL</b>

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 Brian Joyce President 3-1-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>JOYCE, BRIAN</b>	
STREET ADDRESS <b>1391 S.W. 52 AVENUE</b>	
CITY-ST-ZIP <b>PLANTATION FL 33317</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>JOYCE, JOANNE</b>	
STREET ADDRESS <b>1391 S.W. 52 AVENUE</b>	
CITY-ST-ZIP <b>PLANTATION FL 33317</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Joyce, Brian</b>	
1.3 STREET ADDRESS <b>15209 66 CT North</b>	
1.4 CITY-ST-ZIP <b>Loxahatchee, FL 33470</b>	
2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Joanne Joyce</b>	
2.3 STREET ADDRESS <b>15209 66 CT North</b>	
2.4 CITY-ST-ZIP <b>Loxahatchee, FL 33470</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Brian Joyce 3-1-99 561-242-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)