

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007523 (2)**

1. Corporation Name
CARPET-TILE OUTLET, INC.

2. Principal Office Location: **5921 S. UNIVERSITY DRIVE
DAVIE FL 33328-6110**
Mailing Address: **5921 S. UNIVERSITY DRIVE
DAVIE FL 33328-6110**

DATE OF REPORT: 01/29/1993

3. Date Incorporated or Qualified: **01/29/1993**
3a. Date of Last Report: **09/22/1994**

2. Principal Office Location: **5921 S. UNIVERSITY DRIVE
DAVIE FL 33328-6110**
Mailing Address: **5921 S. UNIVERSITY DRIVE
DAVIE FL 33328-6110**

4. FIC Number: **65-0384147**
Applied For:
Not Applicable:

22. Date of Report: **01/29/1993**
26. Mailing Address: **5921 S. UNIVERSITY DRIVE
DAVIE FL 33328-6110**

5. Certificate of Status Disclosed:
**\$8.75 Additional
Fee Required**

23. City, State: **DAVIE FL**
27. City & State: **DAVIE FL**

6. Election Campaign Financing
Trust Fund Contribution:
**\$5.00 May Be
Added to Fees**

24. State: **FL**
25. Country: **USA**
29. Zip: **33328**
30. FIC Number: **65-0384147**

8. This corporation is a subsidiary of another corporation:
Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BADALICH, JOSEPH F
3800 N. HILLS DRIVE, #108
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83.
84. City:
85. Zip Code: **FL**

11. I hereby certify the provisions of Sections 607.02(2) and 607.1904, Florida Statutes. The above named certificate submits this statement for the purpose of changing its registered office to the principal office 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 not aware of and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph F. Badalich* DATE: **4/29/95**

12. OFFICERS AND DIRECTORS:

NAME	PTS BADALICH, JOSEPH F
STREET ADDRESS	3800 N. HILLS DRIVE, #108 HOLLYWOOD FL 33021
CITY	DC
STATE	FL
ZIP	33021
NAME	BADALICH, JOSEPH F
STREET ADDRESS	3800 N. HILLS DRIVE, #108 HOLLYWOOD FL 33021
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY	
9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY	
17. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY	
21. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information required with this filing is accurate, true and correct, and that I am not aware of any information that would cause this filing to be false or misleading. I am not aware of any information that would cause this filing to be false or misleading. I am not aware of any information that would cause this filing to be false or misleading.

SIGNATURE: *Joseph F. Badalich* DATE: **4/29/95** (305) 434-0800
REGISTERED AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR