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PROFIT CORPORATION ANNUAL REPORT

I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF COPPORATIONS

1997

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DISCOUNT CARPET SHOP INCORPORATED

Principal Place of Business Mailing Address 11378 OKEECHOBEE BLVD 11378 OKEECHOBEE BLVD ROYAL PALM BCH FL 33411 ROYAL PALM BCH FL 33411-8713 3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1993 02/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0394721 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLSON, RICHARD 11378 OKEECHOBEE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **ROYAL PALM BCH FL 33411** 83 84 City 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: typicit or printed natural of registered agent and title it approable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. DELETE 1.1 TITLE Change Addition TITLE WHITEHEAD, G S 1.2 NAME NAME 17560 66TH CT N STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY - S1 - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NICHOLSON, RICHARD 2.2 NAME NAME 554 ONTARIO RD STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33415 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS OTY-ST-7P 64 CITY-ST-7IP

14. I do hereby certify that the information supplied with this filling does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ender oath; that I am an officer or director of the corporation or the receiver or pusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Richard Nicholson