

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000039845 (1)

1. Corporation Name

CARPET SHOWPLACE U.S.A., INC.



Principal Place of Business

Mailing Address

1555 HOWELL BRANCH ROAD  
SUITE 212  
WINTER PARK FL 32789

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SUITE 212  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

11/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 PO Box 941258

22 City & State

27 City & State  
MAITLAND FL

23 Zip Country

28 Zip Country  
32744-1258 FL

4. FEI Number

59-3207297

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

FOSTER, JAMES N  
1555 HOWELL BRANCH ROAD  
SUITE 212  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 block if applicable

(NOTE: Registered Agent signature required when revalidating)

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEOC  
FOSTER, JAMES N  
1902 WATER LANE  
MAITLAND FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BIEN, JOEY M  
2743 MYSTIC COVE DR  
ORLANDO FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CFOD  
WETHERELL, WILLIAM M  
1633 CEDAR GLEN DR.  
APOPKA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
HUNTINGTON, DEEITT H  
784 WIND WILLOW CIR  
WINTER SPRINGS FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MANTIONE, JOHN D  
314 KIMI COURT  
CASSELBERRY FL 32117

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William M. Wetherell, CFOD

6/26/96 407-644-0304

Date

Daytime Phone #

CR2E034 (3/96)