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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1555 HOWELL BRANCH ROAD
SUITE 212
WINTER PARK FL 32789

Mailing Address

PO BOX 941258
SUITE 212
MAITLAND FL 32794-1258
US

Please mail
to mailing
address
next year



2. Principal Place of Business

21 762 E. Altamonte Dr.

Suite, Apt. #, etc.

22 City & State

23 Altamonte Springs, FL

Zip

24 32701

Country

25 USA

2a. Mailing Address

26 2743 Mystic Cove Dr.

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

Zip

29 32813

Country

30 USA

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

07/02/1996

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 agent 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEOC
FOSTER, JAMES N
1902 WATER LANE
MAITLAND FL 32751

☐ DELETE

TITLE

PD
BIEN, JOEY M
2743 MYSTIC COVE DR
ORLANDO FL 32812

☐ DELETE

TITLE

CFOD
WETHERELL, WILLIAM M
1833 CEDAR GLEN DR.
APOPKA FL 32712

☐ DELETE

TITLE

VPD
HUNTINGTON, DEEITT H
784 WIND WILLOW CIR
WINTER SPRINGS FL 32708

☐ DELETE

TITLE

D
MANTONE, JOHN D
314 KIMI COURT
CASSELBERRY FL 32117

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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.

SIGNATURE:

[Signature]

4/12/97 (407) 324-0017

CR2E034 (9/96)