

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 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 # P93000048144 (8)

1. Corporation Name
MARLINS CARPET SERVICE, INC.



Principal Place of Business: 6914 SW 25TH ST. HOLLYWOOD FL 33023 US
Mailing Address: 5914 SW 25TH ST. HOLLYWOOD FL 33023-4015 US

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0420734
Applied For: Not Applicable

Suite, Apt #, etc.: 22
Suite, Apt #, etc.: 27

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

City & State: 23
City & State: 28

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

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SOMMERFIELD, KIM A
5914 SW 25TH ST.
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1. TITLE: D
NAME: SOMMERFIELD, KIM A
STREET ADDRESS: 9421 NORTHWEST 23RD STREET
CITY-ST-ZIP: PEMBROKE PINES FL 33024
2. TITLE: D
NAME: SOMMERFIELD, JO ANN
STREET ADDRESS: 9421 NORTHWEST 23RD STREET
CITY-ST-ZIP: PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: *Kim Sommerfeld - Jo Ann Sommerfeld* 4-1-97 954-981-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)