

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062179 (5)

1. Corporation Name

INNOVATIVE CARPET SYSTEMS, CO.



Principal Place of Business

1 N. OCEAN BLVD., SUITE 302
STE 301
BOCA RATON FL 33432
US

Mailing Address

1 N. OCEAN BLVD., SUITE 302
STE 301
BOCA RATON FL 33432
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
SUITE 4

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.
SUITE 4

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

07/24/1995

4. FEI Number

65-0436195

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

GIACOMINO, MATTHEW
8345 NORTH CORAL CIRCLE
NORTH LAUDERDALE FL 33068

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 607.0508, 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

Matthew Giacomino

Signature typed or printed name of registered agent and Florida resident

DATE

5/4/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME GIACOMINO, MATTHEW
STREET ADDRESS 8345 NORTH CORAL CIRCLE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

☐ DELETE

TITLE D
NAME GIACOMINO, ELIZABETH L
STREET ADDRESS 8345 N CORAL CIRCLE
CITY-ST-ZIP N LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matthew Giacomino

5/4/96

395-8388
407

CR2E034 (12/95)