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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300063702 (3)

OCEAN ATLANTIC CARPET, INC.



97 JUL -7 AM 10: 58

SECRETARY OF STATE TALL AHASCEF FLORIDA



| | | | | | ii aa ii aa ii aa ii ii ii ii ii ii aa |
|---|--|---|--------------------------------------|--|--|
| Principal Place of Business Mailing Address 9180 SE EAGLE AVE HOBE SOUND FL 33455 Mailing Address 9180 SE EAGLE AVE HOBE SOUND FL 33455-6250 | | | | A 1981/201 III (6188 AVIA 680) 680 (681) 681/6 61/6 (11) (683) 681/6 (12) | |
| | | | 60 | | |
| | | | | 3. Date incorporated or Qualified 09/07/1993 | 3a. Date of Last Report 06/20/1996 |
| | pal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0445101 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | · | | \$8.75 Additional |
| City & State | | 27 | City & State | | Fee Required |
| | State | ⊢ ′ | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | F¬ ' ⊢ | 30 | 8. This corporation has liability for Florida Statutes | intangible tax under s. 199.032, ☐ Yes ☐ No |
| 241 | | of Current Registered Agent | 50] | 10. Name and Address of New Re | |
| | KNIGHT, THOMAS R | | 81 Nam | | |
| 9180 SE EAGLE AVE HOBE SOUND FL 33455 | | | | | |
| | | | 82 Stree | t Address (P.O. Box Number is Not Acceptal | ole) |
| | | | 83 | 83 | |
| | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Purs | uant to the provisions of Sections | 607.0502 and 607.1508, Florida Statutes | s, the above-name | d corporation submits this statement for the | |
| office ager | e or registered agent, or both, in ht. I am familiar with, and accept | the State of Florida. Such change was au the obligations of, Section 607.0505, Flori | rthorized by the co ida Statutes. | d corporation submits this statement for the proporation's board of directors. I hereby acce | pt the appointment as registered |
| SIGNATE | JRE Signature, typed or printed name of re | considered agent and longit applicable (NCIE: | Registered Agent signatu | re required when reinstating) | DATE |
| 12. | | CERS AND DIRECTORS | I 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 |
| TITLE | DP . | DELETE | 1.5 TITLE | D.V.P. ANGELASTRO, PAUL. S 153 SW P.ISNOR CR ADRITST. LUCIE, FL | Change Addition |
| NAME | KNIGHT, THOMAS R | | 1.2 NAME | ANGELASTRO PAUL S | • |
| STREET ADO | RESS 9180 SE EAGLE AVE | | 1.3 STREET ADDRESS | 153 G.S. P.ISNOF CR | |
| CITY-ST-ZIF | HOBE SOUND FL | | 1.4 CHY-ST-ZiP | ARTSI LUCIE IL | 34953 |
| TITLE | DVP | DELETE | 2.1 TITLE | 71 | Change Addition |
| NAME | KNIGHT, KATHY S. | | 2.2 NAME | 9000022 | |
| STREET ADD | RESS 9180 EAGLE AENUE | | 2.3 STREET ADDRESS | -07/08/ | 2324595 9701037014 |
| CITY-ST-Ze | HOBE SOUND FL | | 2. 4 CITY - ST - ZIP | ****16 | 5.00 ****165.0B |
| TITLE | | DELETE | 3 1 TITLE | 10,000 | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADD | RESS | | 3.3 STREET ADDRESS | | Ì |
| CITY-ST-ZIF | > | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELFTE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADD | RESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIF | , | | 4.4 CHY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDI | RESS | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIF | > | | 5.4 CITY - ST - ZiP | | A |
| TITLE | | ☐ DELETE | 61 HILE | | Cyange / Addition |
| NAME | | | 6.2 NAME | | / 41/1 |
| STREET ADDI | PESS | | 6.3 STREET ADDRESS | | (Ψ) |
| CITY-ST-ZIF | | | 6.4 CITY-ST-ZIP | | $\setminus \cup / \mid$ |
| | | | | . | |

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.



I AM WRITING YOU THIS LETTER ON BEHALF OF OCEAN ATLANTIC CARPET INC.MY NAME IS PAUL ANGELASTRO AND HAVE BEEN EMPLOYED BY THOMAS R KNIGHT TO SERVE AS ADMINISTRATOR AND OFFICE MANGER FOR OCEAN ATLANTIC CARPET INC.MR KNIGHT IS CURRENTLY RECOVERING FROM A MEDICAL CONDITION WHICH HAS HAD HIM UNABLE TO SERVE AND ADMINISTER TO THE CORP SINCE DEC OF 96. HIS WIFE IN THE INTERIM HAD BEEN DOING THE BEST SHE COULD TO RUN THIS COMPANY HOWEVER WITH LIMITED KNOWLEDGE OF BUSINESS BEING A HOUSE WIFE HERSELF MANY THINGS SLIPPED INTO ARREARS. THE FILING FORMS FOR THE CORP WHICH ARE BEING ADDRESSED IN THIS MAILING ARE ONE OF THESE MATTERS. IN LIGHT OF MR KNIGHTS HARDSHIPS I AM HOPEFUL YOU WILL ACCEPT THIS CASE AS AN EXCEPTION TO THE PENALTIES AND WAIVE THESE COSTS PLEASE KNOW THAT HAD MR KNIGHT BEEN ABLE TO PERFORM HIS DUTIES THIS WOULD NOT HAVE HAPPENED. IN CLOSING I PAUL ANGELASTRO WILL BE ANIXOUS TO ANSWER ANY QUESTIONS ON MR KNIGHTS BEHALF AND WILL BE LOOKING AFTER THE AFFAIRS OF THE CORPORATION.

PS I CAN BE REACHED ANYTIME AT 561 288-3240 OR BEEPER 561 652-0429 SINCERELY
PAUL ANGELASTRO

OCEAN ATLANTIC CARPET INC

4248 SE COMMERCE AVE STUART FLORIDA 34997

Phone: 561-288-3240

Fax: 561-545-0729