

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000065362 (4)

1. Corporation Name

CARPET SHOWCASE OF LEESBURG, INC.



Principal Place of Business

1722 N. CITRUS BLVD
LEESBURG FL 34748
US

Mailing Address

36136 PINETREE ST
FRUITLAND PARK FL 34731

3480 SUITE A
US HWY 27-441
FRUITLAND PARK, FL.
34731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

4. FEI Number

59-3202038

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3480
Suite, Apt. #, etc.

22 SUITE A US HWY 27-441
City & State

23 FRUITLAND PARK, FL

24 34731

Country

25 LAKE

2a. Mailing Address

26 3480
Suite, Apt. #, etc.

27 SUITE A US HWY 27-441
City & State

28 FRUITLAND PARK, FL

29 34731

Country

30 LAKE

9. Name and Address of Current Registered Agent

MINNICK, PHILIP H

1722 N. CITRUS BLVD
LEESBURG FL 34748

3480 SUITE A
US HWY 27-441

FRUITLAND PARK, FL

34731

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P MINNICK, PHILIP H
36136 PINETREE STREET
FRUITLAND PARK FL 34731

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP COON, JAMES L
7055 TALBOT DRIVE
ORLANDO FL 32819

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST COON, STEPHEN
8907 LUZON DRIVE
ORLANDO FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D ADKINS, MICHAEL T
36126 PINE TREE
FRUITLAND PARK FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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:

Philip H. Minnick

President

361-770-1111

CF2E034 (10/97)