## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



AMOUNT DUE	ON OR BEFU	JRE 9/17/97: \$50	SO (IF DISSOLVE	D, MINIMUM AMD	UNT DUE TO	HEINS	STATE: \$75	50.)	MC				
· .	FLORIDA (	ORIDA DEPARTMENT OF STATE				Jul 23 1997 8:00am							
	PORATI JAL REP			Sandra B. Mortham					Secretary of State				
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	1997		CON IN										
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WEST END CARPET OUTLET, INC.													
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Principal Place of Business Mailing Address									, 16911631 (18 18169 (11(1 88)(1)	18411- 03141	aniid Milit aiiti titil		
17835 BACK BEACH RD PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413													
US US								ļ	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3s. Date of Last Report				
									09/17/1993	illeu	03/22/199		1
2. Principal Pl	lace of Busi	ness	_	2a. Mailing Address					4. FEI Number			Applied F	Of
Suite, Apt. #. etc.				26					59-3205588 5°C	<u>1-33</u>		Not Applic	
22 Suite, Apr.	#, etc.		27	Suite, Apt. #, et			- 1	6. Certificate of Status Desire	∍d İ		5 Addition Regulred	nai	
City & State	•			City & State					6. Election Campaign Finance	ing	\$5.0	00 May Be	6
Zip		Country	28	28			0		Trust Fund Contribution	:		d to Fees	
24 24		Country   Zip   29			30	Country 30			<ol> <li>This corporation owes or the Personal Property Tax due</li> </ol>			Intangible	·
	9, Name	and Address	of Current Reg	istered Agent					10, Name and Address of N	w Regi	stered Agent		
		ALD EDWARD				B1	Name		,				ļ
246 SEAKOVE STREET						82	Street A	Addres	s (P.O. Box Number is Not Acc	eptable	)		
PANAMA CITY BEACH FL 32413						83							-
						84	City				85 Z	ip Code	
			····								FL	·	
11. Pursuant t office or re	to t <b>he</b> provis egi <b>ste</b> red as	sions of Sections gent, or both, in	s 607.0502 and the State of Fic	l 607,1508, Florida orida. Such change	Statutes, the was author	e abov ized b	e-named o y the corp	corpor oration	ration submits this statement fon's board of directors. I hereby	r the pur accept t	pose of changing the appointment	g its regist as registe	tered red
agent. I ar	m f <b>am</b> lliar w	rith, and accept	the obligations	of, Section 607.05	05, Florida :	Statute	\$.						
SIGNATURE	Signature, types	d or printed name of re	egistered agent and t	tle if applicable.	(NOTE: Regis	lered Ag	ent signature r	required	when reinstating)		DATE		
12.	6	OFFI	CERS AND DIR	ECTORS DELE		.1 TITLE			ADDITIONS/CHANGES TO	OFFICE	RS AND DIRECT		
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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 expual 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 direptor of the dorporation 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 changed, or on an attachment with an address.