

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carolee B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000067177 (4)**

95 JAN 20 PM 4:12

1. Corporation Name
SELECT CARPETS, INC.

Principal Place of Business Mailing Address
733 SILVERWOOD DRIVE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

4. FEI Number **59-320665** Applied For Not Applicable

22 City & State **27** City & State

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

23 Zip **28** Zip

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

24 Country **25** Country **29** Country **30** Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**COOLEY, R E
1450 SR 434 WEST
SUITE 200
LONGWOOD FL 32750**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** **05** 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

Signature, typed or printed name of registered agent and title if applicable

(Title)

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	BATTAGLINI, JOSEPH A JR.
STREET ADDRESS	733 SILVERWOOD DRIVE
CITY - ST - ZIP	LAKE MARY FL 32746
TITLE	VP
NAME	NAU, MICHAEL
STREET ADDRESS	220 E. ORANGE AVENUE
CITY - ST - ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V.P. LORRAINE BATTAGLINI
23 STREET ADDRESS	733 SILVERWOOD DR.
24 CITY - ST - ZIP	LAKE MARY FL 32746
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.034(1)(b), 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 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph A Battaglini Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

1-16-95
Date

328267
Digital Print #