

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000029368 (5)**

1. Corporation Name

**CLASSIC CARPET AND TILE, INC.**



Principal Place of Business

AVE A 1ST ST  
BIG PINE KEY FL 33043  
US

Mailing Address

P O BOX 430906  
BIG PINE KEY FL 33043  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
24 Country

9. Name and Address of Current Registered Agent

**CARNELLI, FRANK L  
AVENUE A & 1ST STREET  
BIG PINE KEY FL 33043-0906**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip  
29 Country

30

3. Date Incorporated or Qualified  
**04/19/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0462301**

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

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 607.062 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 under Section 607.0505, Florida Statutes.

SIGNATURE: *Frank L. Carnelli*

Signature typed or printed name of signing officer or director if applicable

(NOTE: Registered Agent signature required when reinstating)

*1-17-96*

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARNELLI, FRANK A 424 25TH STREET OCEAN MARATHON FL 33050</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PERDIGON, SERGIO 334 22ND STREET MARATHON FL 33050</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PERRINO, BETH ANN 22 SUNFLOWER LANE YARDSVILLE NJ</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>PERRINO, THOMAS 22 SUNFLOWER LANE YARDSVILLE NJ</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 119.07(3)(k), 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 in an attachment with my address.

SIGNATURE: *Frank L. Carnelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK L. CARNELLI 1-17-96 305 872-2711**

Date

Daytime Phone #

CR2E034 (12/95)