

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

APPROVED
AND
FILED

95 MAY - 1 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

5-1-95 6-5-116
CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000046570 (5)
1. Corporation Name
PROFESSIONAL CARPET SYSTEMS OF PALM BEACH COUNTY
INC.

Principal Place of Business Mailing Address
4886 LAKE WORTH ROAD 4886 LAKE WORTH ROAD
LAKE WORTH FL 33463 LAKE WORTH FL 33463

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1994		3a. Date of Last Report	
21		26		4. FEI Number 65-0493714		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, KENNETH J 9393 CASCADE COURT BOYNTON BEACH FL 33437				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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when nonstatutory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HART, KENNETH J	1.2 NAME	
STREET ADDRESS	9393 CASCADE COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HART, CHRISTINE A	2.2 NAME	
STREET ADDRESS	9393 CASCADE COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 on an attachment with an address.

SIGNATURE: K.J. HART 4/23/95 964 8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)