

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000059833 (1)**

1. Corporation Name

**1ST CHOICE CARPET, INC.**

Principal Place of Business

**536 NE 24TH STREET  
WILTON MANORS FL 33305**

Mailing Address

**536 NE 24TH STREET  
WILTON MANORS FL 33305**



3. Date Incorporated or Qualified

**08/08/1994**

3a. Date of Last Report

**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2736 W. Andrews Ave**

26 **2736 W. Andrews Ave**

4. FEI Number

**65-0519127**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #110**

27 **Suite #110**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

County

Zip

County

24 **33311**

25 **Broward**

29 **33311**

30 **Broward**

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 New Registered Agent

**.PALERMO, STEVEN S  
5731 SW 196TH LANE  
FORT LAUDERDALE FL 33332**

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

*Steven S. Palermo*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D PALERMO, STEVEN S**  
STREET ADDRESS **5731 S.W. 196TH LANE**  
CITY - ST - ZIP **FORT LAUDERDALE FL 33332**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **D HILL, PAUL K**  
STREET ADDRESS **536 N.E. 24TH STREET**  
CITY - ST - ZIP **WILTON MANORS FL 33305**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

*Steven S. Palermo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**564-3913**

CR2E034 (12/95)