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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000073898 (6)

CARPET FAIR OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Sep 05 1997 8:00am Secretary of State



3564 ST AUGUSTINE ROAD JACKSONVILLE FL 32207			3564 ST AUGUSTINE ROAD JACKSONVILLE FL 32207		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 10/01/1994 	3a. Date of Last Report 10/09/1996	
_ '	ace of Business	<u> </u>	a, Mailing Address		4. FEI Number	Applied For	
21	A abo	26			59-3270666	Not Applicable	
Sulte, Apt.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	Đ	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	30	ountry	8. This corporation owes or has personal Property Tax due June		
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABI	DULLAH, CAROL			81 Nam	e		
4380 PILGRAM WAY JACKSONVILLE FL 32257				82 Stree	et Address (P.O. Box Number is Not Acceptal	ole)	
• • • • • • • • • • • • • • • • • • • •				83			
				84 City		FL 85 Zip Code	
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Floridate of Florida. Such chang bligations of, Section 607.0	a Statutes, the je was authoriz 505, Florida St	above-name zed by the ci latutes.	ed corporation submits this statement for the porporation's board of directors. I hereby acce		
SIGNATURE							
 	Signature, lypod or printed name of registered	AND DIRECTORS	(NOTE: Registe		ure required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
12.	P	DEL		TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	ABDUCCAH, CAROL	 ·		NAME			
STREET ADDRESS	4380 PILGRAM WAY			STREET ADDRESS	s	•	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4	CITY - ST - ZIP			
TITLE		☐ DEL	ETE 2.1	TITLE		Change Addition	
NAME			2.2	? NAME			
STREET ADDRESS			2.3	STREET ADDRES	s		
CITY-ST-ZIP				4 CITY - ST - ZIP			
TITLE		☐ DEL		TITLE		Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRES	S		
CITY-ST-ZIP		DEL		I. CITY-ST-ZIP		Change Addition	
NAME		[] pro		2 NAME		CT Attended CT Attended	
STREET ADDRESS				STREET ADDRESS	s .		
CITY-ST-ZIP				CITY-ST-ZIP	-		
TITLE		☐ DEL		TITLE		Change Addition	
NAME			5.2	NAME	1		
STREET ADDRESS			53	STREET ADDRESS	s		
CITY-ST-ZIP			5.4	I CITY-ST-ZIP	1		
TITLE		☐ DEL		TITLE		Change Addition	
NAME .			6.2	NAME			
STREET ADDRESS			6.3	STREET ADDRESS	3		
CITY-ST-ZIP			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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.