

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073904 (2)

1. Corporation Name

MARKET SQUARE CARPET & FURNITURE GALLERY, INC.

Principal Place of Business

3637 PHILLIPS HWY
SUITE 140
JACKSONVILLE FL 32207

Mailing Address

3637 PHILLIPS HWY
SUITE 140
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1633 University Blvd N

1633 University Blvd N

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32211

DUVAL

32211

DUVAL

9. Name and Address of Current Registered Agent

TRENT, JOHN
3637 PHILLIPS HWY
SUITE 140
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1633 University Blvd N

83

84 City

Jacksonville

FL

85 Zip Code

32211

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. Thereby 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 for all corporations

(If Not the Registered Agent's signature, an officer must sign)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TRENT, JOHN
3637 PHILLIPS HWY
JAX FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1633 University Blvd N
Jacksonville, FL 32211

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
DELETE

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:

John Trent

John Trent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

904 244 3660

CR2E034 (12/95)