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 # 1. Corporation Name	P94000088492	(1)
DUDOIS DUS DESIG	AIC INC	

DUBOIS RUG DESIGNS, INC.



							ILE JEHO BURA BRAN BU			
Principal Place	of Business	Mating Addre	ess					,,,,		
3170 N FEDERAL HWY. 100 LIGHTHOUSE POINT FL 33064			3170 N FEDERAL HWY, 100 LIGHTHOUSE POINT FL 33064							
						3. Date Incorpor 12/06/		3a. Date	of Last Re	* .
2. Principal Pla	ce of Business	2a. Maling Ac	ddress			4. FEI Number		<u> </u>	1	Applied For
21		26				65-05	38012		١	lot Applicable
Suite, Apt. #	, etc.	Suite, Apt	#, etc.			5. Certificate of	Status Desired			Additional Required
City & State		Oty & Sta	ate			6. Election Cam Trust Fund C	-			May Be I to Fees
Zip	Country	Zφ		Country		8. This corporate	on has liability for i	ntangible tax	under s	199.032,
24	25	29	30			Florida Statut	-	□ No		
	9. Name and Address of Current	Registered Age	nt		т	10. Name and A	ddress of New R	egistered A	gent	
				81	Name					
	S, AMY C			82	Street a	Address (P.O. Box Numb	er is Not Acceptab	ile)		
3170 N FEDERAL HWY, 100										
LIGHTH	HOUSE POINT FL 33064			83	}					
				84	City			FL	85 Zq	Code
SIGNATURE .	o the provisions of sections 607.0502 ad agent, or both, in the State of Florid the ad Accept the Constitutions of Section Synature, bied a printed rank of representation in OFFICERS AND	AMY	C. DUBO	215	PK	ESIDENT eduted when tex shiftings	HANGES TO OFF	JATE DATE		
TITLE	DPS			1 TIFLE				·····] Change	Add tion
NAME	DUBOIS, AMY C		1	≥ NAME						
STREET ADDRESS	5030 NE 26TH TERR		1	.3 STREET	ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 330	64		4 CITY - S						
TITLE	T			1 TITLE] Change	Addition
NAME	DUBOIS, RICHARD E		2	2 NAME						
STREET ADDRESS	5030 NE 26TH TERR		2	3 STREE	ADDRESS					
CITY - ST - ZIP	LIGHTHOUSE POINT FL 330	64	2	4 CITY - 9	ST - Z+P					
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STREET ADDRESS			3	3 STREE	i address					
CITY+ST-ZIF				4 CITY -	SI - ZIP				3.01	(3)
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NAME				2 NAME						
STREET ADDRESS					T ADDRESS					
CITY - ST - ZIP			<u> </u>	4 CITY-:	ST-Z:P	L	ili :- Ö-akalı 110	07/21/s/ Flor		16.45

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR . DUBDIS PRESIDENT 4/9/94 954.426.3305