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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

P95000029036 (7)

DOCUMENT # PS

1. Corporation Name

TRI-CITY CARPETS, INC.

INITOII	T CARPETS, INC.						
Principal Place	of Business	Mailing Address					
3132 FORTUNE WAY D-25 3132 FORTUNE WAY D-25							
WEST PALM I	BEACH FL 33414	WEST PALM BEACH F	L 33414				
					04/10/1995	te of Last Re	port
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number / 959 /		Applied For
1		26			65-0568886	<u> </u>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Serviced Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Addled to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible to	ax under s	199.032,
24	25 29		30		Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent		nal si	10. Name and Address of New Registered	Agent	
				81 Name			
LODGE,				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	RTUNE WAY D-25			83			
WEST PA	ALM BEACH FL 33414			53			
				84 City	Fi	85 Zip	o Code
	40	2 1 CO2 1 CO0 Florido Chok 4	an the obe	La nomed norman	ration submits this statement for the purpose of ch	_ , ,	enistered office
or registere familiar wit	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the c	corporation's boar	rd of directors. I hereby accept the appointment a	s registerad	agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable (NK	OTE Registered	Agent signature required	d when reinstating) DATE.		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	DPV	☐ DELETE		TLE		Change	■ Addition
NAME	LODGE, ADAM		1.2 N	ME			
STREET ADDRESS	3132 FORTUNE WAY D-25 W	1	1.3 ST	REET ADDRESS			
CHTY - ST - ZIP	PALM BEACH FL 33414			TY-ST-ZIP			F75 4 4 190
TITLE	DST	☐ DELETE		TLE		☐ Change	Addition
NAMÉ	LODGE, WARREN		2 2 NAME				
STREET ADDRESS	3132 FORTUNE WAY D-25	4.4	23 \$1	REET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334			TY-ST-ZIP		Change	Addition Addition
• • • • • • • • • • • • • • • • • • • 		☐ DELETE	3 1 T			Change	☐ Naortisii
NAME			32 N/				
STREET ADDRESS				TREET ADDRESS			
CHY-ST-ZIP TITLE		[] DELETE	3.4 CI	TY-ST-ZIP		Change	Addition
NAME			4.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	5 1 1			Chançe	☐ Addition
NAME		_	5.2 N	AME			
STREET ADDRESS			- 1	TREET ADDRESS			
CITY-ST-ZIP			5.4 C	TY-ST-ZIP			
TITLE		DELETE		ITLE		☐ Change	Addition Addition
NAME		\bigcirc	62 N	AME			
STREET ADDRESS	1	/ \	635	TREET ADDRESS			
C(1Y - ST - 7)P	/	()	64 C	ITY-\$T-ZIP			, , <u>-</u>
44 1-1-1-1-	by certify that the information supplied	with this fling is voluntarily fur	nished and	does not qualify t	for the exemption stated in Section 119.07(3)(k), F	lorida Statut al effect as i	tes. I further f made under
certify that oath; that appears in	t the information indicated on trils and I am an officer or director of the core of Block 12 or Blogk 13 is stringed, or	oration of the receiver or trustical and the same of the receiver or trustical and the same of the sam	ee empowe iress.	red to execute th	ate and that my signature shall have the same leg- is report as required by Chapter 607, Florida State	utes; and the	at my name

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #