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FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000031668 (3)

1. Corporation Name
ANTHONY'S CARPET SERVICE, INC.

Principal Place of Business

2416 LANCASHIRE
KISSIMMEE FL 34743
US

Mailing Address

P.O. BOX 421555
KISSIMMEE FL 34742-1555
US



2. Principal Place of Business

21 3198 Santa Cruz Dr.
Suite, Apt. #, etc.

22 City & State

23 Kissimmee FL
Zip Country

24 34746 25 Ocoola

2a. Mailing Address

26 3198 Santa Cruz Dr.
Suite, Apt. #, etc.

27 City & State

28 Kiss FL
Zip Country

29 34746 30 Ocoola

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

04/01/1996

4. FEI Number

59-3443173

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BONET, ANTHONY
2416 LANCASHIRE
KISSIMMEE FL 34743

3198 Santa Cruz Dr
Kissimmee FL 34746

10. Name and Address of New Registered Agent

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

Anthony Bonet

Anthony Bonet

1/20/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME BONET, ANTHONY
STREET ADDRESS 2416 LANCASHIRE
CITY-ST-ZIP KISSIMMEE FL 34746

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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: Anthony Bonet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

(407) 731-2482

CR2E034 (9/96)