FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000037772 (7) DOCUMENT #

CARPETS BY KEN, INC.

FILED Feb 04 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 3701 CLEVELAND ST 3701 CLEVELAND ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0590796 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country $Z_{1}p$ Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHIRONNO. KENNETH J 3701 CLEVELAND ST Street Address (P.O. Box Number is Not Acceptable) 82 HOLLYWOOD FL 33021 83 84 City 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** (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE PSTD TITLE CHIRONNO, KENNETH J NAME 1.2 NAME 3701 CLEVELAND ST STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP

14. I 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 suppliemental 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