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

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham -

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23 1997 8:00am Secretary of State

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

05/25/1995

59-3321591

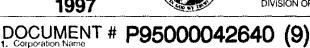
4. FEI Number

ANNUAL REPORT

1997

**PROFIT** 

CORPORATION



DRAVIS CUSTOM RUGS, INC.

1204 E BUSCH BLVD TAMPA FL 33612

21

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Mailing Address

1204 E BUSCH BLVD TAMPA FL 33612-8545

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/30/1996

23			28	···.	<del></del>				Trust Fund Cor	tribution	<u> </u>	Added	O Fees	.]
Zιp		Country	<sup>7</sup>	lip .	Co	untry		8	, This corporation	n has liability t			. 199.032,	1
24	]2		29]		30				Florida Statute		Yes L		T	]
	9, Name a	nd Address of C	urrent Registe	<del> </del> _		10	. Name and Ad	dress of New	Registered	gent				
DRA	vis, charle	S				81	Name		. :		7			
	E BUSCH E					82	Street Add	ress (	P.O. Box Number	r is Not Accer	table)			┨
	PA FL 33612						OU GOT MOU	1000 (	1.0. GOX HOMEC	i ia itoi mocop	labio			1
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						84	City				FL	85 Zip (	Code	
11. Pursuant	to the provision	ns of Sections 60	7.0502 and 607	.1508, Fiorida Sta	tutes, the a	above	named corp	porati	on submits this s	latement for th	e purpose of	changing it	s registered	1
office or r	registered ager	nt, or both, in the	State of Florida	Such change wa Section 607.0505	is authorize	ed by	the corpora	tion's	board of director	s. I hereby ac	cept the app	ointment as	registered	]
	irii igitiinan wewi	, and accept the	oongadons of,	3000011007.0303,	i ionda Sie	aibios.								
SIGNATURE	Signature typed or	printed name of register	ed agent and title if	applicable. (N	KITE Register	ed Agen	iupar erutengia tr	ired whe	en reinstating)	·	DATE			1
12.			S AND DIRECT		13.				ADDITIONS/CH/	ANGES TO OF	FICERS AND	DIRECTOR	S IN 12	100
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NAME	DRAVIS, CH	HARLES			1.21	NAME								4
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CHY-SI-7IP	TAMPA FL				4	CITY-SI	1							
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NAME	FUNK, CAP	nou s		<del></del>		NAME	ſ					_ `		
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NAME :	)					NAME	j							
STREET ADDRESS					6.3 \$	STREET	ADDRESS							
CHTY-ST-ZIP						CITY-ST			3- 418					_
14. 1 do hereb informatio	by certify that t on indicated or	the information su this annual reno	pplied with this Lor supplemen	filing does not qualital annual report	alify for the is true and	O O O O	nption stated rate and the	dinS tmv≤	ection 119.07(3) signature shall ha	i), Florida Stat ve the same i	utes. I further egal effect as	certify that if made un-	the der oath: that	
Lam an o	ifficer or direct	or of the corporati	on or the recei	ver or trustee emp	owered to	ехесі	ite this repo	rt as	required by Char	ter 607, Florio	la Statutes; a	nd that my r	name	}