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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMEN OF STATE

Sandra B. Mortilam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000044007	(9)
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A CARPET SHOWCASE & INTERIORS, INC.



		Mailing Address					
1205 45TH ST., SUITE 1-F WEST PALM BEACH FL 33407		1205 45TH ST., SUITE 1-F WEST PALM BEACH FL 33407					
					3. Date Incorporated or Qualified 05/30/1995	3a. Date o	f Last Report
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
1/205		26					Not Applicable
. Suite, Apt - سمال المالا		Suite, Apt. #, etc.			5. Certificate of Status Desired	F-3	\$8.75 Additional
2 # 1 #		27			C. Continuate of Status Desired		Fee Required
City & State	+ Del Beach	City & State			6. Election Campaign Financing	F	\$5.00 May Be
Zip		28			Trust Fund Contribution		Added to Fees
3340	7 25 US 9. Name and Address of Current	7ip 29	Country 30		8. This corporation has liability for Florida Statutes	s I No	
······································	9. Name Bio Address of Current	Registered Agent		r	10. Name and Address of New I	Registered Ag	ent
OBALMI	M TIPODODE		81	Name			· · · · · · · · · · · · · · · · · · ·
GRAHAM, THEODORE 1205 45TH ST., SUITE 1-F			62	Street Add	ress (P.O. Box Number is Not Acceptable)		
MESIT	PALM BEACH FL 33407		83				
			84	City		—	85 Zip Code
familiar wit SiGNATURE	ith, and accept the obligations of, Section	on 607.0505, Florida Statuti	es.	oration's boo	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as re	gistered agent. I am
	Signature, typed or printed name of registered agent a						
2.	OPEICEDS AND			t signature require	ed when rainstating)	DATE	
Z.	OFFICERS AND	DIRECTORS	13.	t signatuze require	ed when reinstating: ADDITIONS/CHANGES TO OFF	ICERS AND DI	
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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 appears in Block 12 or Block 13 if changed, of on an abtrohment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #