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

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059308 (3)

BUCCANEER CARPET & UPHOLSTERY, INC.

Principal Place of Business Mailing Address

6409 EL DORADO DRIVE 6409 EL DORADO DRIVE
TAMPA FL 33615 TAMPA FL 33615-3405

26

27

Berald of miles

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 13 1997 8:00am Secretary of State

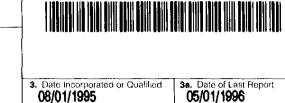
4-29-97 (813)

Applied For

\$8.75 Additional

Fee Required

Not Applicable



4. FEI Number

59-3329444

5. Certificate of Status Desired

City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
3		28	d-initial , , ,		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	·	Florida Statutes Yes No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				Name	
343 ALMERIA AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				63	
			100	` <u> </u>	
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statulos, 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					
12,	Signature, typod or printed name of regis	rered agent and tile if applicable. (NOI RS AND DIRECTORS	H: Registered A:	ent signature r	required when reinstarling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TALE	—Т	Change Addition
NAME	HIMEL, GERALD		1.2 NAME		
STREET ADDRESS	6409 EL DORADO DRIVE			1 ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CDY -	L	
TATLE			2.1 1/11		Change Addition
NAME	HIMEL, CAROLYN		2.2 NAME		
STREET ADDRESS	6409 EL DORADO DRIVE		2.3 STREE	1 ADDRESS	
CITY-ST-ZIP	TAMPA FL 33815		2. 4 CHY-	ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	UNDORF-HIMEL, CAROLY		3.2 NAME		
STREET ADDRESS	6409 EL DORADO DRIVE		3.3 STREE	1 ADDRESS	
CITY-\$T-ZIP	TAMPA FL 33615		3.4. CHY-	ST-ZIP	
TITLE		DELETE	4.1 111116	}	L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	1 ADDRESS	}
CITY-ST-ZIP		05.57	4.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	5.1 TILLE	}	Change Addition
NAME	Ti.		5.2 NAME		
STREET ADDRESS				I ADDRESS	
CITY-ST-ZIP		DETE	5.4 CITY -	S1-ZiF	
TITLE		L_J ULLETE	6.1 1111.6	<u> </u>	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREE	I A	
CITY-ST-ZIP	ou certify that the information of	ainnlied with this filing done not eval	6.4 CITY		In Section 119.07(3)(i), Florida Statutes, I further certify that the
14. I do hereby certify that the information supplied with this filing does not qualify for the eigenful formation indicated on this annual report or supplemental annual report is true and a lam an officer or director of the corporation or the receiver or trustee empowered to eigenful annual 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.					