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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE

Sandra B. Morti

Secretary of Sta DIVISION OF CORPORATIONS

1998

P95000064573 (5) DOCUMENT #

ARTISTIC CARPETING, INC.

Mailing Address Principal Place of Business 3031 COVE DRIVE 3031 COVE DRIVE

FILED Apr 21 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0605175 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ▼ Yes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **BOONE. CHRISTOPHER** 3031 COVE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 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, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE **BOONE. CHRISTOPHER** 1.2 NAME NAME 3031 COVE DRIVE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 211 TLE TITLE 2.2 AME NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TETL F NAME . EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE NAME REET ADDRESS STREET ADDRESS I.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME

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 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.

6.3 STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

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