

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000068835 (4)**

1. Corporation Name

NICK'S CARPET, INC.

Principal Place of Business

Mailing Address

~~5612 ROCK ISLAND RD., #157~~
~~TAMARAC FL 33319~~

~~5612 ROCK ISLAND RD., #157~~
~~TAMARAC FL 33319~~



2. Principal Place of Business

2a. Mailing Address

21 **304 BISHOP ROAD**
Suite, Apt. #, etc.

26 **304 BISHOP ROAD**
Suite, Apt. #, etc.

22
City & State

27
City & State

23 **N. LAUDERDALE, FL**

28 **N. LAUDERDALE, FL**

24 **33068** 25 **USA**

29 **33068** 30 **USA**

9. Name and Address of Current Registered Agent

SACCO, NICOLAS

~~5612 ROCK ISLAND RD., #157~~
~~TAMARAC FL 33319~~

3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

4. FEI Number

65-0605450

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **SACCO, NICOLAS**

82 Street Address (P.O. Box Number is Not Acceptable)
304 BISHOP ROAD

83

84 **N. LAUDERDALE,**

FL

85 Zip Code
33068

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person making this statement (Signature of the registered agent, if applicable)

Printed Name of the person making this statement (Printed name of the registered agent, if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D			☐ DELETE			
	SACCO, NICOLAS						
	5612 ROCK ISLAND RD., #157						
	TAMARAC FL 33319						
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP
	D			☐ Change ☐ Addition			
	SACCO, NICOLAS						
	304 BISHOP ROAD						
	N. LAUDERDALE, FL 33068			☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLAS SACCO/DIR.

18-1

Daytime Phone #

CR2E034 (12/95)