

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000092394 (2)
1. Corporation Name

PRESTIGE CARPET OF SUNRISE, INC.

Principal Place of Business

Mailing Address

**2200 N. UNIVERSITY DR.
SUNRISE FL 33313**

**2200 N. UNIVERSITY DR.
SUNRISE FL 33313**



3. Date Incorporated or Qualified

3a. Date of Last Report

12/05/1995

4. FEI Number
65-0620085

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

33322

Country

Zip

33322

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, ROY L
2200 N. UNIVERSITY DR.
SUNRISE FL 33313**

81

Name

Catherine Finch

82

Street Address (P.O. Box Number is Not Acceptable)

7083 W. Sunrise Blvd

83

84

City

Plantation

FL

85

Zip Code

33313

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

Catherine Finch, President

(NOTE: Registered Agent signature required when changing agent.)

6/28/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **COHEN, ROY L**
CITY-ST-ZIP **2200 N. UNIVERSITY DR.
SUNRISE FL 33313**

TITLE ☐ DELETE
NAME **President, Director**
STREET ADDRESS **Catherine Finch**
CITY-ST-ZIP **7083 W. Sunrise Blvd.
Plantation, FL 33313**

TITLE ☐ DELETE
NAME **Director**
STREET ADDRESS **John Koenig**
CITY-ST-ZIP **4126 Broadway
New York, NY 10033**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine Finch, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/96

DATE

Digitized by Florida

CR2E034 (3/96)