

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

APPROVED  
AND  
FILED

pg 1

97 AUG 20 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P9500002394**  
1. Corporation Name

**PRESTIGE CARPET OF SUNRISE, INC.**

Principal Place of Business <b>2200 N. University Drive Sunrise, FL 33322-3941 USA</b>	Mailing Address <b>2200 N. University Dr. Sunrise, FL 33322-3941 USA</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		4. FEI Number		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Catherine Finch  
7083 W. Sunrise Blvd.  
Plantation, FL 33313**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>900002272939--7</b>
83	<b>08/20/97 01119 004</b> <b>***165.00 ***165.00</b>
84	City <b>FL</b>
85	Zip Code

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

SIGNATURE

Signature: typed or printed name of registered agent, and if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Catherine Finch, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-97

Date

Daytime Phone #

CR2E034 (9/96)

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**PRESTIGE CARPET OF SUNRISE, INC.**

2200 N. University Drive  
Sunrise, Florida 33324-3941  
(954) 747-8844

July 29, 1997

State of Florida  
Secretary of State Division of Corporations

Enclosed is check for filing fee for Prestige Carpet of Florida, Inc. In the amount of \$165.00.

Request is hereby made for waiver of penalty for special cause considering the following facts and circumstances:

1. Copy of form as filed signed and dated January 2, 1997 is hereby enclosed.
2. Copy of check stub number 1828 dated January 2, 1997 is enclosed.

Timely preparation, filing and payment was issued and it appears that something occurred between time of mailing and what should have been time of receipt. I can only assume that either the remittance was lost in the mail or in processing. No negligence was involved by the tax payer.

It has since been learned that check number 1828 has not been cashed by the State of Florida. We can show our check stub sequence (before, including and after) check number 1828 to verify the writing and valid date of this check. Considering that timely payment and filing was rendered, we are asking for your fair consideration and the waiving of the late fee for justifiable cause.

I hereby, certify under oath and penalties of perjury that the above statements are true and correct.

Sincerely,

*Catherine Finch, President*

Catherine Finch