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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

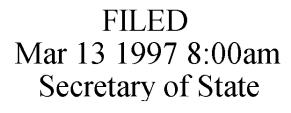
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016784 (6)

PALM BEACH CARPET OF BOCA, INC.

Mailing Address





- Trinoipai Tiac	O DI DOMINOS	WAL	ing Address								
7989 N FEDERAL HWY BOCA RATON FL \$3487			7869 N FEDERAL HWY BOCA RATON FL 33487-1640								
							3. Date Incorporated or Qual 02/23/1996	fied 3	a. Date of L	ast Re	port
2, Principal Place of Business			2a, Mailing Address				4 EEI Number			App	lied For
21			26				65-03146	20		Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desire	d [. 75 Ad	iditional ulred
City & State			City & State				6. Election Campaign Finance	na	\$5	י טט	fau Bo
23			3				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Country Zip Country				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 Curr	ent Registe	red Agent		_ : 1		10. Name and Address of Ne	w Registe	ered Agent		
	NOS, FREDERICK J			'	81	Name					
	9 N FEDERAL HWY		1	82	Street Ac	dress (P.O. Box Number is Not Acc	eptable)				
BOO	CA RATON FL 33487										
				1	83		•				
	•			h	84	City			- 85	Zip Co	ode
						-				•	i
11, Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607	.1508, Florida Statut	tos, the abo	ove hv	-named co	orporation submits this statement for ration's board of directors. I hereby i	the purpo	ose of chang	ing its	registered
agent I a	m familiar with, and accept the obli	gations of, S	Section 607.0505, FI	orida Statu	ites	ine corpor	rationa board of directors. Thereby i	tocopi ine	з арролили	in as it	gistered
SIGNATURE											
12.	Signature, typed or printed name of registered a OFFICERS A				Ager	nt signature rec	quired when reinstating)		ATE	07000	
TITLE	PD	ND DINECT	DELETE	13.	į.		ADDITIONS/CHANGES TO	JFFICERS	S AND DIRE		Addition
NAME	BURNOS, FREDERICK J			1.2 NAN						anyc	Accilion
STREET ADDRESS	1859 SW 31 AVE				_	4DDDECC	•				
CITY-ST-ZIP	PEMBROKE PINES FL 33009					ADDRESS					
TITLE	VSD		DELETE	1.4 CITY 2.1 TITL		- Zir			☐ Cha	anne	Addition
NAME	LAUX, PHILIP S			22 NAN						ange.	Account
STREET ADDRESS	1859 SW 31 AVE					ADDRESS					Ĭ
CITY-ST-ZIP	PEMBROKE PINES FL 33009			2 4 011		·					
TITLE			DELETE	3.1 TITL		,-211	·····		☐ Cha	some .	Addition
NAME				3.2 NAN							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. CIT							
TITLE			DELETE	4.1 (1)		, ,,			Cha	inge	Addition
NAME				4. 2 NAM		-				-	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CHTY		1					
TITLE			DELETE	5.1 THL					Cha	inge	Addition
NAME				5.2 NAM		1				- '	-
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETE	6.1 Tritu					Cha	nge	Addition
NAME 1991	1.15% to 1.			6.2 NAM						~	
STREET ADDRESS						ADDRESS			,		
CITY-ST-ZIP	ř			6.4 CITY			i				

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 tegal 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.

CIGNATURE.

Physical Walk

July Jan

3/10/97 954-84-1642