## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000018269 (6)

CARPET NOW, INC.

## FILED Sep 02 1997 8:00am Secretary of State

(4/97

Principal Place of Business Mailing Address 902 MASON AVE 932 MASON AVE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/26/1996 FEI Number Applied For 2. Principal Place of Business Mailing Address -3361854 1396 N. Doulevard Wood 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Leesburg 23 28 Added to Fees Trust Fund Contribution Country Country Zip Country This corporation owes or has paid the current year Intangible 25 Lake 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LANGFORD, GARY 81 Name 932 MASON AVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32117 83 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 11 TITLE LANGFORD, GARY NAME 1.2 NAME 932 MASON AVE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 32117 CITY-ST-ZIP 1.4 CITY - ST - ZIP 2.1 TITLE Change ■ Addition TITLE MCALISTER CURTIS NAME 2.2 NAME 932 MASON AVE STREET ADDRESS 2.3 STREET ADDRESS BAYTONA BEACH FL 32117 CHTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. 1 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 ennual 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.

IONATURE LOS SUCRESCADOS ON DE PORTE DAME LA MARIE DE LA PROPORTIONAL DE LA PROPORTIONAL