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 # PORODORROOD (R)

Principal Place of Business	Mailing Address
(1430)E. ATLANTIC BLVD. POMPANO BEACH FL 33060	(1430)E. ATLANTIC BLVD. POMPANO BEACH FL 33060
1436	1436

APPROVED

1997 OCT -2 PH 3: 45

SECRETARY OF STATE

11 Corporation Name	INITURE CARPET		, (0)			
Principal Place of Business Mailing Address						A STATE OF THE STA
(1430)E. ATLANTIC BLVD. (1430)E. ATLANTIC BLVD. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060)			
146.34					DO NOT WRITE IN THIS SPACE	
1436					3. Date Incorporated or Qualified 3a. Date of East Report 08/12/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26					65-068 70 /S Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27			#, etc.			5. Certificate of Status Desired Security Securi
City & State City & State		······································			Election Campaign Financing \$5.00 May Be	
23				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun			8. This corporation owes or has paid the current year Intangible
24	25	29	30	0		Personal Property Tax due June 30. Yes No
	ne and Address of Curre	ent Registered Agen	·	81	Name	10. Name and Address of New Registered Agent
MARTIN, DO	NAI			"	Name	
TOMPANO	ANTIC BLVD. BEACH FL 33060			62	Street Add	ress (P.O. Box Number is Not Acceptable)
	DEACH FL 99000			63		
1434						
,				84	City	FL 85 Zip Code
11. Pursuant to the pro-	visions of Sections 607.05	502 and 607.1508, Flo	rida Statutes,	the above	named cor	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I am familiar	agent, or hoth, in the Stat with, and accept the obli	te of Florida. Such chi gations of, Soction 60	ange was aut 17.050 <mark>5, Flo</mark> rid	norized by la Statutes	the corpora	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, lyp	ned or printed name of registered a	gont and title diapplicable ND DIRECTORS	(NOTE R	gistered Age 13.	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
****			DELETE	1.1 TITLE		Change Addition
NAME COM	your marke	n' Presu	Secretariant 12 Secretarian 13 Die Blod 14			3000023 176230 -10/10/9701090004
STREET ADDRESS	mailin,	Suco	uebarca 135		ADDRESS	-10/10/9701090004
CITY-ST-ZIP	Sout Atl	arbie Bl	vol.	1.4 CHY-S		****550.00 ****550.00
TITLE TOOK	Jano Bear	17/33060	DELFIE	2.1 TITLE		Change Addition
NAME	V	•		2.2 NAME		
STREET ADDRESS			i	2.3 STREET	ADDRESS	
CITY-ST-ZIP			2.4 01		T-2IP	
TITLE			DELETÉ	3.1 TITLE		Change Addition
NAME				3 2 NAME	1	
STREET ADORESS				3.3 STREET		
CITY-ST-ZIP			DELETE	34. C/TY-S	T- ZIP	Change Addition
TITLE NAME		U	DELETE	4.1 TITLE		Change Addition
l l				4. 2 NAME	1000000	
STREET ADDRESS				4.3 STREET		
CITY-ST [®] ZIP			DELETÉ	4.4 CITY - ST 5.1 TITLE	1-211	Change Addition
NAME		٦		5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	<u>,</u> 1
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			DELETÉ	61 TITLE		Change (XC) Feduction
NAME				6.2 NAME	{	√ Ω/ M √ 1
STREET ADDRESS			6.3 STREET	ADDRESS	IN a	
CITY-ST-ZIP				6.4 CITY - ST	r- z iP	Cos

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 logal 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 a fatiguess.

904-501707