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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076981 (5)

INNER CITY CARPET COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



4410 N 34TH STREET TAMPA FL 33610	4410 N 34TH STREET TAMPA FL 33610		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
			09/17/1996	
2, Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21 4613 N. 34th Street	26 4613 N. 34	th Street	58-9032601	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Tampa, /FI.	City & State 28 Tampa, FL		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33610 25 Hillsborou	11	Country H111sboro		Yes No
g. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	ed Agent
" JACOBS, LA TOSHA T 12768 PALMER CIRCLE TAMPA FL 33612		82 Street Add	olomon Jacobs dress (P.O. Box Number is Not Acceptable) 410 N. 34th Street	
		84 City	ampa . F	L 25 Zip Code F133610
Pursuant to the provisions of Sections 607.0302 office or registered agent, or both, by the State of agent. I am farolitar with, and accept the obligate SIGNATURE. Signature, typed or printed herry if registered agent.	Miller -	Jihorized by the corporida Statutes. Registered Agent signalure req		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE 0	DELETE	1.1 TITLE P	resident	Change Addition
NAME JACOBS, CHEVELLA	•	1.2 NAME S	olomon Jacobs	
STREET ADDRESS 1227 E OSBORNE AVE		1.3 STREET ADDRESS 4	410 N. 34th Street	
CITY-ST-ZIP TAMPA FL			ampa, FL 33610	
TITLE	DELETE	2.1 TITLE	Officers	Change X Addition
NAME		2.2 NAME	Latosha Jacobs	
STREET ADDRESS		2.3 STREET ADDRESS	12768 Palmer Circle	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa FL 33612	
THLE	DELETE	3.1 TITLE	2000	Change Addition
NAME		3.2 NAME	Vice President	••
STREE! ADDRESS		3.3 STREET ADDRESS	Chevella Jacobs	
City-St-ZiP		3.4. CITY-ST-ZIP	1227 E. Osborne Ave.	
TITLE	☐ DELETE	4.1 TITLE	Tampa, Fl 33603	Change Addition
NAME		4. 2 NAME	Secretary	
STREET ADDRESS		4.3 STREET ADDRESS	Rosie Abrams	
CITY-S1- ZIP		4.4 CITY-ST-ZIP	3805 38th Street	
TITLE	DELETE	5.1 TITLE	Tampa, F1 33610	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		*
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		İ
STREET ADDRESS		6.3 STREET ADDRESS		
				•
CITY-ST-7/P		6.4 CITY - ST - ZIP		

14. I 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 of supplied 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 in on an attractment with an application.

SIGNATURE:

Solo

3/3/198 239.05