

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90045 036 ***150.00

DOCUMENT # P96000077674

1. Corporation Name

TIFFANY'S CARPET WHOLESALE, INC.



Principal Place of Business

Mailing Address

2192 NW 61ST COURT
FT. LAUDERDALE FL 33308

2192 NW 61ST COURT
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

2. Principal Place of Business

2a. Mailing Address

21 6300 NW 19 AVE

26 6300 NW 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ft. Lauderdale

28 Ft. Lauderdale

Zip

Country

Zip

Country

24 33308 25 USA

29 33308 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEE, STEVEN L
3101 PORT ROYALE BLVD
APT #125
FT. LAUDERDALE FL 33308

81 Name

Gee Steven L

82 Street Address (P.O. Box Number is Not Acceptable)

6300 NW 19 AVE

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33308

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: Registered Agent signature required when reinstating)

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GEE, STEVE
STREET ADDRESS 3101 PORT ROYALE BLVD #125
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE President
1.2 NAME GEE, Janice Sodenlund
1.3 STREET ADDRESS 6300 NW 19 AVE
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE VP
NAME GEE, JANICE SODENLUND
STREET ADDRESS 3101 PORT ROYALE BLVD #125
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE VP
2.2 NAME Steve Gee
2.3 STREET ADDRESS 6300 NW 19 AVE
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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 from an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

954-646-4262

CR2E034 (1/98)