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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

appears in Block 12 or Block 13

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086112 (5)

CARPET & TILE LIQUIDATORS. INC.

Principa! Place of Business Mailing Address 441 S STATE RD 7 STE 15 441 S STATE RD 7 STE 15 MARGATE FL 33068-1934 MARGATE FL 33068 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1996 Principa! Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0702 123 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Ζφ Country Zin This corporation has liability for integrable tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOWITT, STUART 441 S STATE RD 7 STE 15 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33068 83 84 City Zip Code 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. Signative typed or printed name of registered agent and little if applicable INOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition 1.1 TITLE THE HOWITT, STUART 1.2 NAME NAME 441 S STATE RD 7 STE 15 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33068 CITY - ST ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THUE KATZ, EFRIM 2.2 NAME NAME 441 S STATE RD 7 STE 15 STEEL LADDRESS 2.3 STREET ADDRESS MARGATE FL 33068 2.4 CITY-ST-ZIP CUY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE RONCHI, RICHARD 3.2 NAME NAME 441 S STATE RD 7 STE 15 3.3 STREET ADDRESS STREET ADORESS MARGATE FL 33068 City - St - 7:P 3.4. CITY - \$T - ZIP DELETE Change Addition BILL 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-70 4 4 CITY - ST - 21P DELETE Change Addition TILLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY ST-7IF DELETE Change TITLE 6.1 TITLE Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. To 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 supplied ental 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 cognoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

GNING OFFICER OR DIRECTOR