

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000093372 (6)
 1. Corporation Name
 FLORIDA RUGS, INC.



Principal Place of Business: 10300 SOUTHSIDE BLVD, 139 JACKSONVILLE FL 32256, US
 Mailing Address: 10300 SOUTHSIDE BLVD, 139 JACKSONVILLE FL 32256, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-29)
 Suite, Apt. #, etc. (22, 27)
 City & State (23, 28)
 Zip (24, 29) Country (25, 30)

3. Date Incorporated or Qualified: 11/11/1996
 4. FEI Number: 59-3419730
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
 KIRSCHNER, MAIN, GRAHAM, TANNER & DEMONT, PA
 1 INDEPENDENT DR, SUITE 2000
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City
 85 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: HAZRATI, HAMID STREET ADDRESS: 7816 SOUTHSIDE BLVD #61 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: VTS NAME: BORNA, RAMBOD STREET ADDRESS: 8787 SOUTHSIDE BLVD #4709 CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P 1.2 NAME: HAZRATI, HAMID 1.3 STREET ADDRESS: 1529 BASKERVILLE RD. 1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: VTS 2.2 NAME: BORNA, RAMBOD 2.3 STREET ADDRESS: 10000 GATE PKWY # 724 2.4 CITY-ST-ZIP: JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address.

SIGNATURE: *Hamid Hazrati* Hamid Hazrati 7/28/98 904/519-6000

CR2E034 (5/98)