


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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103438 (3)

1. Corporation Name
SANFORD CARPET, INC.

Principal Place of Business

2559 S. PARK DRIVE
SANFORD FL 32773

Mailing Address

2559 S. PARK DRIVE
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3416158

Applied For

Not Applicable

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

2. Principal Place of Business

21 2553 S Park Dr

Suite, Apt. #, etc.

22 City & State

23 Sanford FL

24 Zip

32773

Country

25 USA

2a. Mailing Address

26 2553 S Park Dr

Suite, Apt. #, etc.

27 City & State

28 Sanford, FL

29 Zip

32773

Country

30 USA

9. Name and Address of Current Registered Agent

VARMA, BOB
V.S. FINANCIAL
1425 S.R. 434, SUITE 109
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

VARMA & ASSOCIATES

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

610 CROWN OAK CENTRE DR.

83

84 City

LONGWOOD

FL

85 Zip Code

32750

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)

DATE

04/14/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D ABRAMSON, IRA A
STREET ADDRESS 2559 S. PARK DRIVE
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ DELETE

NAME D ABRAMSON, BARBARA
STREET ADDRESS 2559 S. PARK DRIVE
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

2553 S. Park Dr

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2553 S. Park Dr

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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, or on an attachment with an address.

SIGNATURE

Barbara Abramson

4/14/98

142 222 2011

CR2E034 (10/97)