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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000024850 (4)

1. Corporation Name

CALADIUM CARPET INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 165 BOUGAINVILLEA STREET NE LAKE PLACID FL 33852		Mailing Address 165 BOUGAINVILLEA STREET NE LAKE PLACID FL 33852	
2. Principal Place of Business 21 10 N. MAIN ST Suite, Apt. #, etc.		2a. Mailing Address 25 10 N. MAIN ST. Suite, Apt. #, etc.	
22 City & State 23 LAKE PLACID FL		27 City & State 28 LAKE PLACID FL	
24 Zip 33852		30 Country USA	
9. Name and Address of Current Registered Agent WARNER, ALAN 165 BOUGAINVILLEA STREET NE LAKE PLACID FL 33852		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WARNER, ALAN	1.2 NAME	
STREET ADDRESS	165 BOUGAINVILLEA STREET NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	WARNER, MARIA G	2.2 NAME	
STREET ADDRESS	165 BOUGAINVILLEA STREET NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WARNER, BRIAN A	3.2 NAME	
STREET ADDRESS	165 BOUGAINVILLEA STREET NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	WARNER, MICHAEL R	4.2 NAME	
STREET ADDRESS	165 BOUGAINVILLEA STREET NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 the immediately preceding year.

SIGNATURE

Alan Warner

02/04/98

941-699-1442

CR2E034 (10/97)