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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· ·	S CARPETS INC.	00080501 (4)			
Principal Plac	e of Business	Mailing Address				
4280 OAK CIRCLE BOCA RATON FL 33431		4280 OAK CIRCLE BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/17/1997
- -	ace of Business	2a. Mailing Address				4. FEI Number Applied For
Sulte, Apt. #, etc.		26				Not Applicable
	#, 8IC.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
City & State)	City & State				Fee Required
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	,	This corporation owes or has paid the current year Intangible
24	25	29	30	·		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
CL	NYTOR, JOHN			81	Name	
4280 ÖAK CIRCLE				82	Street Addr	dress (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 33431					
				84	City	■ 85 Zip Code
]		
office or re agent. I ar	o the provisions of Sections 607.05 ogistered agent, or both, in the State of familiar with, and accept the oblig	oz and 607, 1508, Florida Si e of Florida Such change w gations of, Section 607,0505	iatutes, the at vas authorized 5, Florida Stati	oove d by utes	3-named corp the corporat 3.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered as	yout and tills of applicable	/MOTE: Desistered			ired when reinslating) DATE
12,		ND DIRECTORS	13.	MBe	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE		L€		Change Addition
NAME	WHEELER, JIM		1.2 NA	MF		_ · _
STREET ADDRESS	3089 CARDINAL DRIVE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CIT	Y-\$1	T-2 P	
TITLE	V	DELETE	2.1 TH	LE		☐ Change ☐ Addition
NAME	BAFALOUKOS, STEVE		2.2 NA	ME		
STREET ADDRESS	136 MOHICTAN CIRCLE		23 \$10	REET .	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		2 4 CI	TY-S	oT - ZIP	
TITLE		☐ DELETE	3 1 111	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP			3.4 CI		I - ZIP	
TITLE		☐ DELETE	. 4.1 TIT			Change Addition
NAME OTOCCT ADODGGG			4. 2 NA		*0000446	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETÉ	4.4 CiT 5.1 TiTi		- (IP	O Choose Classica
NAME		otter	5 7 MAI			LI Charge LI Addition
STREET ADDRESS					ADDRECC	A 1/21
CITY-ST-ZIP			5.3 STF 5.4 CIT		ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TIFLE		DELETE	6.1 111		- 611	Change C Addition

200002417742 -02/02/98--01004--025 ***150.00 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 mame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

FILED

Jan 30 1998 8:00am

Secretary of State