FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000091009 (5) NATIONAL CARPET SERVICE, INC. Mailing Address Principal Place of Business 3896 SW 33RD COURT 3896 SW 33RD COURT HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For mella 65-21 Not Applicable 26 Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 3896 22 Fee Required City & State & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Browad □ No 24 25 29 30 Personal Property Tax due June 30. 302 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALLWARDT, CHARLES W 6871 SW 5TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 83 Zip Code City 85 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 have of registered agent and title if applicable (NOTL Registered Agent signature required when reinstating) 2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change TITLE **ALLWARDT, CHARLES W** NAME 1.2 NAME 6871 SW 5TH STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33023 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 21 TITLE TITLE DIMELLA, ANDREW T NAME 2.2 NAME 8896 SW 33RD COURT 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **ALLWARDT. CHARLES W** NAME 3.2 NAME 6871 SW 5TH STREET STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 33023 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

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 of the receiver or true an appears in Block 12 or Block 13 if changed, or or an attachment you and address.

6.3 STREET ADDRESS

6.4 C(TY-ST-Z(P

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP