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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000030742

1. Corporation Name
CARPET CONCEPTS OF BREVARD, INC.



Principal Place of Business
425 CRYSTAL MIST ROAD NW
PALM BAY FL 32907

Mailing Address
425 CRYSTAL MIST ROAD NW
PALM BAY FL 32907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

59-3503072

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 56

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

ROSELAND FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

24 Country

28 Zip

29 Country

32907

USA

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVER, HOWARD
425 CRYSTAL MIST ROAD NW
PALM BAY FL 32907

81 Name

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

83
84 City

FL 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

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: D President
NAME: OLIVER, HOWARD
STREET ADDRESS: 425 CRYSTAL MIST ROAD NW
CITY-ST-ZIP: PALM BAY FL 32907

1.1 TITLE Change Addition

TITLE: DELETE

1.2 NAME

TITLE: DELETE

1.3 STREET ADDRESS

TITLE: DELETE

1.4 CITY-ST-ZIP

TITLE: DELETE

2.1 TITLE Change Addition

TITLE: DELETE

2.2 NAME

TITLE: DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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, with all other like empowered.

SIGNATURE: Howard Wayne Oliver Jr. Date: May 4-15-99 Daytime Phone #: (407) 768-8404

CR2E034 (1/98)