

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90085 009 ***150.00

DOCUMENT # P98000055863

1. Corporation Name
RUG DEPOT, INC.



Principal Place of Business

6979 ALOMA AVENUE
SUITE 142
WINTER PARK FL 32792

Mailing Address

6979 ALOMA AVENUE
SUITE 142
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

2. Principal Place of Business

21 1270 BELLE AVE

2a. Mailing Address

26 1482 Brookdale dr

Suite, Apt. #, etc.

22 #123

Suite, Apt. #, etc.

27 Corona, CA

City & State

23 WINTER SPRINGS

City & State

28 91720

Zip Country

24 FL 25 32708

Zip Country

29 30

4. FEI Number

59-3518214

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
SHIRAZ MUKHTAR
82 Street Address (P.O. Box Number is Not Acceptable)
1678 Ridgewood Ave
83
84 City HOLLY HILL FL 85 Zip Code 32117

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

4/25/99

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME BUTT, MUHAMMAD W
STREET ADDRESS 6979 ALOMA AVENUE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VTD
NAME MUKHTAR, AHMED S
STREET ADDRESS 6979 ALOMA AVENUE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE PSD
1.2 NAME MUKHTAR, AHMED S
1.3 STREET ADDRESS 1270 BELLE AVE. #123
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/99

CR2E034 (11/98)