


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

0577514

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000064492 1. Corporation Name ATLANTA CARPET DISTRIBUTORS, INC.	

FILED

99 AUG -4 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



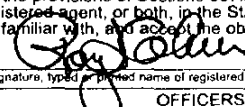
Principal Place of Business 1001 YS HWY ONE STE 510 JUPITER FL 33477	Mailing Address 1001 YS HWY ONE STE 510 JUPITER FL 33477
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o R & R Carpet Suite, Apt. #, etc. 22 5610 N.W. 12th Ave City & State 23 Ft. Lauderdale, Fl Zip 24 33309		2a. Mailing Address 26 c/o R & R Carpet Suite, Apt. #, etc. 27 5610 N.W. 12th Ave. City & State 28 Ft. Lauderdale, Fl Zip 29 33309		3. Date Incorporated or Qualified 07/20/1998	
		4. FEI Number 65-0851939		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STENHORN, ALLEN A 1001 YS HWY ONE STE 510 JUPITER FL 33477		10. Name and Address of New Registered Agent 81 Name Roy Cohen 82 Street Address (P.O. Box Number is Not Acceptable) 5610 N.W. 12th Ave. #214 83 84 City Ft. Lauderdale FL 85 Zip Code 33309	
--	--	--	--

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEINHORN, ALLEN A		12 NAME COHEN, ROY	
STREET ADDRESS 1001 YS HWY ONE STE 510		13 STREET ADDRESS 5610 N.W. 12TH AVENUE #214	
CITY-ST-ZIP JUPITER FL 33477		14 CITY-ST-ZIP FT. LAUDERDALE, FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:  7/8/99 Date Daytime Phone #

CR2E034 (11/98)

SP

ALLEN STEINHORN & CO., INC.
ACCOUNTANTS AND CONSULTANTS

1001 NO. U.S. HIGHWAY ONE
SUITE 510
JUPITER, FL 33477-4478
TEL 561-744-2804
FAX 561-744-9665

July 19, 1999

Division of Corporations
Annual Report Filing
P.O. Box 6327
Tallahassee, FL 32314

Re: Atlanta Carpet Distributors., Inc.
Doc: P98000064492

Gentlemen:


I am writing on behalf of my client, Atlanta Carpet Distributors., Inc. regarding the non-payment of the Annual Fee by May 1, 1999. As you will note the original report was mailed to my office and should have been forwarded to Atlanta Carpet Distributors, Inc. for payment.

During the past 10 months I have been under the care of Dr. Henry J. Shapiro for the treatment of Bladder Cancer with Chemotherapy and Radiation and due to the side effects of these treatments, I as a sole practitioner, have had some reports and returns fall through the cracks.

I am enclosing their check in the amount of \$150.00 along with a signed Annual Report for 1999 and due to the circumstances as stated, it is requested that you accept this as full payment and do not impose any penalties.

Thank you for your co-operation in this matter.

Sincerely,


Allen Steinhorn
allen/atlan.aas