


\$550.00  
 APPROVED  
 GOVERNMENT OF STATE  
 Northham  
 FILED

PROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S49789  
1. Corporation Name  
MICHAEL'S CARPETS OF FLORIDA, INC.

(8)  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
20210TH AVE. N. UNIT A  
SAFETY HARBOR FL 34695  
US

Mailing Address  
P.O. BOX 897  
SAFETY HARBOR FL 34695  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
05/03/1991

4. FEI Number  
59-3062863

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 or has paid the current year Intangible Personal Property Tax due June 30.  
Yes No

9. Name and Address of Current Registered Agent  
KESLING, MICHAEL D.  
202 10TH AVE UNIT A  
SAFETY HARBOUR FL 34695

10. Name and Address of New Registered Agent  
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  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
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

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-11/13/98--0000000000  
\*\*\*\*550.00 \*\*\*\*550.00

RECEIVED  
NOV 02 1998  
TAMPA CLAIMS  
11-10-98

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.

SIGNATURE: Michael D. Kesling  
4/9/98