FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V39723 (4)

1. Corporate Name

CHARLIE'S CARPETS, INC.

Principal Place of Business: 103 TANGLEWOOD DR. THONOTOSASSA FL 33592

Mailing Address: 103 TANGLEWOOD DR. THONOTOSASSA FL 33592

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992

3a. Date of Last Report: 04/07/1994

4. FEI Number: 59-3129959 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 / Suite, Apt. # etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address 26 / Suite, Apt. # etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COHEN, CHARLES SIDNEY
103 TANGLEWOOD DR.
THONOTOSASSA FL 33592

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 Section 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, JULIA PAULINE
STREET ADDRESS	103 TANGLEWOOD DR.
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	D
NAME	COHEN, CHARLES SIDNEY
STREET ADDRESS	103 TANGLEWOOD DR.
CITY-ST-ZIP	THONOTOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charles S. Cohen Vice Pres. 5/5/95 813-986-4383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES S. COHEN

0200921 CP