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Apr 16, 1999 8:00 am
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 # 583015

1. Corporation Name
SUNSHINE CARPET CLEANING, INC.



Principal Place of Business Mailing Address
 757 HIDDEN RIVER DR. 757 HIDDEN RIVER DR.
 PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 186 NW Friar St.		26 186 NW Friar St.		08/18/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1845701	
City & State		City & State		Applied For	
23 Port St. Lucie FL		28 Port St. Lucie FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34983 25 USA		29 34983 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BODEM, LOREN E. 50 KINDRED STREET STUART, FLORIDA 33494				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRET, PAUL J.	1.2 NAME	Jeffrey S. Miret
STREET ADDRESS	757 HIDDEN RIVER DR.	1.3 STREET ADDRESS	186 NW Friar St.
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRET, CHRISTOPHER F.	2.2 NAME	Jennifer Miret
STREET ADDRESS	757 SE HIDDEN RIVER DR.	2.3 STREET ADDRESS	186 NW Friar St.
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRET, KAREN M.	3.2 NAME	Paul Miret
STREET ADDRESS	757 HIDDEN RIVER DR.	3.3 STREET ADDRESS	757 1/2 Hidden River Dr.
CITY-ST-ZIP	PORT ST. LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34983
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRET, JEFFREY S.	4.2 NAME	
STREET ADDRESS	757 SE HIDDEN RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 4/12/99 (561) 888-1188
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2F034 (11/98)