| SECOND<br>AMOUNT DUE   | NOTICE: CORPORATION WILL BE<br>ON OR BEFORE 8/7/96: \$225 (IF DISS                   | DISSOLVED ON OR AFTER  | R AUGUST 7, 1996.<br>UE TO REINSTATE: \$375.)                              |  |  |
|--|--|--|--|--|--|
| COR<br>ANNL  | PROFIT<br>RPORATION<br>JAL REPORT<br>1996  | FLORIDA DEPA<br>Sandra<br>Secret   | RTMENT OF STATE B Mortham ary of State CORPORATIONS                        |  |  |
|  | MENT # HAGOO   | 6 (8)  |  |  |  |
| ACE JA   | INITORIAL & CARPET CLEA  | ANING, INC.  |  | I JARJEN AND SOME DINI BENK DOME A   | PH DIGIT BIBIT BIBIT DIBIT BIBIT BIBIT BIBIT   |
| Principal Place of Business Mailing Address  |  |  |  |  |  |
| % William A.Schutzmeister<br>2734 Sandwell dr.<br>Winter Park Fl 32792   |  | % WILLIAM A.SCHUTZM<br>2734 SANDWELL DR.<br>WINTER PARK FL 32792                                   |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report  |
| 2. Principal Pl  | lace of Business   | 2a. Mailing Address  |  | 07/11/1985<br>4. FEI Number  | 01/31/1995<br>Applied For  |
| 21   |  | 26   |  | 59-2552014   | Not Applicable   |
| Suite, Apt. :  | #, elg.  | Suite, Apt. #, etc   |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & State   | э  | City & State   |  | Election Campaign Financing     Trust Fund Contribution                              | \$5.00 May Be Added to Fees  |
| Zip  | Country  | Zip  | Country  | 8. This corporation has liability for  | intangible tax under s. 199.032,   |
| 24   | 25  <br>9. Name and Address of Curren  | 29  <br>it Registered Agent  | 30   | Florida Statutes  10. Name and Address of New Re                                     | Yes No   |
| SO   | MMERS, BERNARD D.  |  | 81 Name  |  | ¥  |
| 235 SOUTH MAITLAND AVENUE  |  |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptat  | nie)   |
| MAITLAND FL 32751  |  |  | 83   |  |  |
|  | •  |  | 84 City  |  | 85 Zip Code  |
| 11 Purcuant t  | to the provisions of Scotland 607 050  | 2 and 607 1500. Florida Can.   | [ ],   | poration submits this statement for the p  | FL   '   |
| office or re   | egistered agent, or both, in the State of familiar with land accept the obligation   | 2 and 607 1506, Fidinga Statut<br>of Florida Such change was a<br>stintis of Section 607 0505. Fil | les, trie above-named corp<br>authorized by the corporat<br>orida Statutes | oration submits this statement for the plants board of directors. I hereby accept    | urpose of changing its registered the appointment as registered  |
| SIGNATURE  | and the second of the  | =  | onda Statutes.   |  |  |
| 12.  | Styliulure, typed or printed name of registered agn<br>OFFICERS ANI                  |  | TE Registered Agent signature requi  |  | DATE CORPORATE OF THE AREA OF  |
| TITLE  | PDV  | DELFTE   | 11 TITLE   | ADDITIONS/CHANGES TO OFFI  | Change Addition  |
| NAME   | SCHUTZMEISTER, WILLIAM A   | 1  | 1 2 NAMÉ   |  | CERS AND DIRECTORS IN 12 Change Addition 80 Pt   Chang |
| STREET ADDRESS   | 2734 SANDWELL DR.<br>WINTER PARK FL  |  | 1 3 STREET ADDRESS   |  | , EQ   |
| CITY-ST-ZIP<br>THILE   | WINTER FARA FL   | DELETE   | 1 4 CITY - ST - ZIP<br>2 1 TITLE   |  | Change Addition  |
| NAME   |  | _  | 2 2 NAME   |  |  |
| STREET ADDRESS   |  |  | 2 3 STREET ADDRESS   |  |  |
| CITY - \$T - ZIP<br>TITLE  |  | DELETE   | 2 4 CITY - ST - ZIP<br>3 1 TITLE   |  | Change Addition  |
| NAME   |  |  | 3.2 NAME   |  | onlings naution ;  |
| STREET ADDRESS   |  |  | 3 3 STREFT ADDRESS   |  |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE   | 34 CITY - ST - ZIP<br>41 TITLE   |  | Change Addition  |
| NAME   |  |  | 4 2 NAME   |  | Onange Augrent   |
| STREET ADDRESS   |  |  | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE   | 4.4 CITY - ST - ZIP  |  |  |
| NAME   |  | [ ] BELETE   | 5 1 TIFLE<br>5 2 NAME  |  | Change L Addition  |
| STREET ADDRESS   |  |  | 5 3 STREET ADDRESS   |  |  |
| CITY - ST - ZIP  |  | PELETE   | 5.4 C/TY - ST - Z/P  |  |  |
| TITLE<br>NAME  |  | ☐ DELETE   | 6 1 TITLE<br>6 2 NAME  |  | Change Addition  |
| STREET ADDRESS   |  |  | 6 3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | continues the  | J. Mar. and C. Zi  | 6 4 CITY - ST - 7/P  |  |  |
|  |  |  |  | lify for the exemption stated in Section t<br>and accurate and that my signature sha |  |
| made unu   | ier oath, triat i am an officer or directo<br>ime appears in Block 12 or Block 13 if | ar or the corporation or the rec   | eiver or trustee empowere<br>nt with an address                            | d to execute this report as required by (<br>/                                       | Chapter 617, Florida Statutes and  |
| SIGNATURE: William J. Velles puesto 7-10-96 657-1970  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ORDINE CTOR  Day Control Print of Prin |  |  |  |  |  |
| and the second of the second   |  | PRINTED NAME OF SIGNING OFFICER  | ORDINECTOR   | Dark C   | Daytine Phore #  |