

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J55536 (3)**
1. Corporation Name: **MINT CARPET CLEANING, INC.**



Principal Place of Business: **9226 N.W. 53RD COURT SUNRISE FL 33351**
Mailing Address: **9226 N.W. 53RD COURT SUNRISE FL 33351**

3. Date Incorporated or Qualified: **02/05/1987**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2767572**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
**VANCE, CRAIG M.
9226 NW 53RD COURT
SUNRISE FL 33351**

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: _____ (NOTE: Registered Agent's signature required when appointing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PT	<input type="checkbox"/>
NAME	VANCE, CRAIG M.	
STREET ADDRESS	9226 NW 53RD COURT	
CITY-ST-ZIP	PLANTATION FL 33351	
TITLE	VPS	<input type="checkbox"/>
NAME	VANCE, PATRICIA ALLISON	
STREET ADDRESS	9226 NW 53RD COURT	
CITY-ST-ZIP	PLANTATION FL 33351	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	PT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	VANCE, CRAIG M.		
13 STREET ADDRESS	16341 NW 16th ST		
14 CITY-ST-ZIP	PEMBROKE PINES FL 33028		
21 TITLE	VPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	Vance, Patricia Allison		
23 STREET ADDRESS	16341 NW 16th ST		
24 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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***225.00

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)(k) Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/96 959-432-3545
05 7/11/96

CR2E034 (3/96)