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PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

C(1y - S1 - 7)F



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085860 (0)

DOWN UNDER FURNITURE & CARPET CLEANING, INC.

Principal Place of Business Mailing Address 2180 HARBOR ROAD 2180 HARBOR ROAD NAPLES FL 34104 NAPLES FL 34104-4249 3. Date Incorporated or Qualified 3a. Date of Last Report 10/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3ame as above Suite, Apt #, etc. 26 *65-07083*43 Not Applicable Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζφ Country Country 8. This corporation has liability for intangible tax under s. 199,032. Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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 Fiorida. 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 Stgrature, typed or product name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSTD** Addition Change THILE □ DELETE 1.1 TITLE SCHMIDT, GLENN A 1.2 NAME NAME 2180 HARBOR ROAD STREET ADDRESS 13 STREET ADDRESS NAPLES FL 34104 1.4 City - ST-ZiP COLVIN STI-ZIE DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ACCIDESS C(T) - S1 - Z(P) 2.4 CITY - ST - ZIP DELETE Change Addition 11³LF 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7IF 34. CITY-ST-ZIP DELETE ___ Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE Addition DISE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZP Change bille DELETE 6.1 TITLE ___ Addition

14. I do 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day of Printed Name Proce

62 NAME

6.3 STREET ADDRESS

64 City-ST-ZIP