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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000086741

1. Corporation Name
GENESIS CARPET CLEANING AND RESTORATION INCORPORATED COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 20505 S.W. 86 CT.
 MIAMI FL 33189

Mailing Address
 20505 S.W. 86 CT.
 MIAMI FL 33189

3. Date Incorporated or Qualified
10/06/1997

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing	
21 20505 SW 86 CT		26 20505 SW 86 CT		4 NOT APPLICABLE		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		7. This corporation owes the current year Intangible Personal Property Tax.		8. This corporation owes the current year Intangible Personal Property Tax.		9. Yes <input type="checkbox"/> No <input type="checkbox"/>	
23 MIAMI, FL		28 MIAMI, FL		29 33189		30 U.S.A		31 U.S.A	

9. Name and Address of Current Registered Agent
ORLOFF, NINA
20505 S.W. 86 CT.
MIAMI FL 33189

10. Name and Address of New Registered Agent
 81 Name **NINA ORLOFF**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **20505 SW 86 CT**
 84 City **MIAMI FL** 85 Zip Code **33189**

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 *Nina Orloff* **NINA ORLOFF** **4-2-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P ORLOFF, NINA
STREET ADDRESS	20505 SW 86TH CT
CITY-ST-ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P ORLOFF NINA
1.3 STREET ADDRESS	20505 SW 86CT
1.4 CITY-ST-ZIP	MIAMI FLA 33189
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Nina Orloff* **SIGNATURE REQUIRED** **42-99 (305) 2335066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #

CR2E034 (1-1/98)