PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067847

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90049 002 \*\*\*150.00

RED SPOT CARPET CLEANERS FL. INC. Mailing Address Principal Place of Business 1775 TORREY DR. 1775 TORREY OR ORLANDO FL 32818 ORLANDO FL 32818 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/04/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business 59-3520973 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country .... 8.-This corporation owes the current year Intangible ... Country ☐ Yes 30 Personal Property Tax. 29 24] 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BOODHOO, VIBART 82 Street Address (P.O. Box Number is Not Acceptable) 1775 TORREY DR. ORLANDO FL 32818 83 Zip Code 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 Signature, typed or printed name of registered egent and title if applica-(NOTE: Registered Agent signature required when reinstaling) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE RESIDENT -1. BOOD HOO U'IB ART 1.2 NAME NAME TORRES 1.3 STREET ADDRESS STREET ADDRESS 32818 14 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR ☐ Change ☐ Addition DELETE 21 TITLE TITLE CHANTAL MOOW 22 NAME NAME 1775 TORAKY DR 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP FL CITY-ST-ZIP DILECTOR Addition ☐ Change DELETE 31 TITLE SLIA\_NAKINE 32 NAME 190 WOOD RD 3.3 STREET ADDRESS STREET ADDRESS BRAINTREE MA 02134, 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change C DELETE 4.CTITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY+ST-792 CITY-ST-ZIP 61 TITLE Change ☐ Addition DELETE TITLE NAME 6.3 STREET ADORESS 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this empowered to the corporation of the corporation and that my name appears in Stock 12 or Placet 1.3 if charged of the particular with an address with all other like empowered.

SIGNATURE

HATTIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 01 99 407-797-5576
Date Dayline Phone 8