FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 461103

(4)

1. Corporation HAROL	D'S JET STEAM CARPET	• • •			
Principal Place	of Business	Mailing Address			I DIŞIL DIQIL BIQIL DIŞIR LAQL
P.O. BOX 12046 P.O. BOX 12046 POST OFFICE BOX 12046 POST OFFICE BOX 12046			46		
LAKE PARK F		LAKE PARK FL 33403	4 0	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 09/13/1974	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1552483	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Yes 🔲 No
24]	9. Name and Address of Currer		[30]	10. Name and Address of New Registered	7.
	ODING, HAROLD E. JR.		81 Name		
	IRONWOOD ROAD RTH PALM BEACH FL 33408		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			B4 City	FL	85 Zip Code
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agi	ations of, Section 607.0505, Fi	authorized by the corporatiorida Statules. If: Registered Agent signature require	oration submits this statement for the purpose o ion's board of directors. I hereby accept the application of the purpose of t	pointment as registered
12.	·	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	GOODING, HAROLD		1.2 NAME		
STREET ADDRESS	908 IRON WOOD ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE	S S S S S S S S S S S S S S S S S S S	☐ DELETE	2.1 TITLE		Change Addition
NAME	GOODING, LINDA C. 908 IRONWOOD ROAD		2.2 NAME		
STREET ADDRESS	NORTH PALM BEACH FL		2.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	HONTH FADA DEACHTE	DELETE	2 4 City-S1-ZiP 3.1 Title		Change Addition
NAME		C Otter	3.2 NAME		Onlinge FROUNDIN
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	-	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 13 if changed, or on an attachment with an address.

SIGNATURE: HOLALE & Develope

20 Jan 98

561-844-7005

FILED

Jan 28 1998 8:00am

Secretary of State