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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4: 03

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 481736 (7)

1. Corporation Name
STANLEY STEEMER OF BROWARD, INC.

Principal Place of Business	Mailing Address
2400 WILTON DRIVE WILTON MANORS FL 33305	2400 WILTON DRIVE WILTON MANORS FL 33305

2. Principal Place of Business	2a. Mailing Address
21 2400 Wilton Dr.	26 Same As Place Of Business
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Wilton Manors Fl.	28 City & State
24 Zip: 33305 · 25 Country: USA	29 Zip · 30 Country

3. Date Incorporated or Qualified: 08/04/1975
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-1948323 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BONEMAR, JUDY BARRINGER~~
~~2 E & E 5TH AVE~~
~~FT LAUDERDALE FL [illegible]~~

10. Name and Address of New Registered Agent

81 Name: JOSEPH A. HUBERT
82 Street Address (P.O. Box Number is Not Acceptable): 2400 E. Commercial Blvd.
83 Suite #820
84 City: Ft. Lauderdale, FLA. FL 85 Zip Code: 33308

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] Joseph A. Hubert 1/19/95
(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	PSD
NAME	PARSLEY, MARK A.
STREET ADDRESS	1520 NE 20TH ST.
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	TD
NAME	GOMER, TINA
STREET ADDRESS	400 CANAL POINT, SOUTH, #129
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	GOMER-JONES, LORI NEL
STREET ADDRESS	204 PEARSON ST.
CITY-ST-ZIP	ARCHER FL
TITLE	D
NAME	~~GOMER, LORIN~~
STREET ADDRESS	~~204 PEARSON STREET~~
CITY-ST-ZIP	~~ARCHER FL 32618~~
TITLE	~~D~~
NAME	~~JONES, WILLIAM M~~
STREET ADDRESS	~~204 PEARSON STREET~~
CITY-ST-ZIP	~~ARCHER FL 32618~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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] 1/23/95 305-563-2509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #
MARK A. PARSLEY

0240610 CP