

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

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**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 481736 (7)**  
1. Corporation Name  
**STANLEY STEEMER OF BROWARD, INC.**



Principal Place of Business  
**2400 WILTON DR.  
WILTON MANORS FL 33305  
US**

Mailing Address  
**2400 WILTON DRIVE  
WILTON MANORS FL 33305-1251**

3. Date Incorporated or Qualified **08/04/1975** 3a. Date of Last Report **02/08/1996**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number <b>59-1948323</b>	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**HUBERT, JOSEPH A.  
2400 E. COMMERCIAL BLVD.  
820  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81	Name	<b>Florida - Lawdock, Inc.</b>		
82	Street Address (P.O. Box Number is Not Acceptable)	<b>222 Lakeview Avenue</b>		
83		<b>Fourth Floor</b>		
84	City	<b>West Palm Beach</b>	85	Zip Code <b>FL 33402</b>

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 *Susan T. Barker* **Susan T. Barker, Asst. Secy.** **4/15/97**  
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	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARSLEY, MARK A.</b>	
STREET ADDRESS	<b>1520 NE 20TH ST.</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOMER, TINA</b>	
STREET ADDRESS	<b>400 CANAL POINT, SOUTH, #129</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PARSLEY, MARK A.</b>	
1.3 STREET ADDRESS	<b>1520 NE 39th Street</b>	
1.4 CITY-ST-ZIP	<b>Oakland Park FL 33334</b>	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GOMER, TINA</b>	
2.3 STREET ADDRESS	<b>3624 SW 18th Street</b>	
2.4 CITY-ST-ZIP	<b>Gainesville FL 32608</b>	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JONES, LORI</b>	
3.3 STREET ADDRESS	<b>204 South Pearson Street</b>	
3.4 CITY-ST-ZIP	<b>Archer FL 32618</b>	
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DEW, KEITH</b>	
4.3 STREET ADDRESS	<b>2400 Wilton Drive</b>	
4.4 CITY-ST-ZIP	<b>Wilton Manors FL 33305</b>	
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 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 in an attachment with an address.

SIGNATURE: *Keith Dew* **Keith Dew, Vice President/Secretary** **4/16/97** **954 563 2554**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)