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

PROFIT CORPORATION ANNUAL REPORT

1997

MIAMI FL 33157



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 541548

(4)

MIAMI FL 33157-6735

ACTION CARPET CARE, INC.

Principal Place of Business Mailing Address
10790 SOUTHWEST 184TH STREET 10790 SOUTHWEST 184TH STREET

FILED Feb 27 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 07/27/1977	3a. Date 04/2	of Last R 3/1996	eport
2. Principa P	taice of Business	2a. Mailing Address		4. FEI Number		Ap	plied For	
21		26			59-1766737		No	t Applicable
Suite Apt. # etc Suite, Apt. #, etc 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 23 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z(p)	Country 25	Ζ(p)	Count	try	This corporation has liability for Florida Statutes	ingangible ta Yes		199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
AMO	ORE, DOMENIC J.		8	11 Name	,			
7260 LAGO DR, W				82 Street Address (P.O. Box Number is Not Acceptable)				
COI	RAL GABLES FL 33143		٦	0.10017				
			8	13				
			8	14 City			85 Zip (Code
·						<u>FL</u>	<u> </u>	
11. Pursuant office or t	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607.1508, Florida Statute of Florida. Such change was a	es, the abo authorized	ove-named or by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of o pt the appoi	:hanging it ritment as	s registered registered
agent La SiGNATURE	மர் fame ar with, and accept the ootig							
	Styrut are type disciplinated ment of regions of lag	en aud Beiliapplicable (NOT) ID DIRECTORS		Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	NECTAR	C IN 12
12. Title	OF ICERS AN	DELETE DELETE	13.	T	Po 4	PENS AND I		Addition
	AMORE, DOMENIC	Driek	1		Pres Domenie J. A. 7260 Lago Dr Coral Gables F	none"	Z Unango	M Vaginous
NAME:	8365 S.W. 188TH STREET		1.2 NAM		Dome Inc	W.		
STREET ADDRESS	MIAMI FL		1	EFT ADDRESS	7280 201	-1 2	3/47	,
CHY - ST - 7IP	V	DELETE		ST - 7/P	Coral vables F	1, 2	Change	Addition
THEF	•	C DECEME	2.1 T/TL	Į.		L		F"1 MODITION
NAME	AMORE, GARRETTE 17920 S W 83 AVE.		2.2 NAN	Į.	ì			
STREET ADDRESS			1	EET ADDRESS				
CHTY - 51 - ZF	MIAMI FL	T priese		Y-ST-ZiP			100	1 1 4 4 4 5 5
JH;F	ST	☐ DELETE	3.1 1fTL			l.	Change	Addition
NAME	AMORE, MICHAEL		3.2 NAN	IE				
STREET ACRORESS	8211 S.W. 205TH STREET		3.3 STR	EET ADDRESS				
CITY (ST) 757	MIAMI FL	.,	3.4 CIT	Y-ST-ZIP				
hild		☐ DELETE	4.1 TITU	E		L	Change	Addition
NAME			4. 2 NAI	AE.				
STREET ADDRESS			43 STR	EET ADDRESS				
CITY- ST-Zif			44 CITY	'-ST-ZIP				
TITLE		DELETE	5 1 TITL	F			Change	Addition
NAME			5.2 NAM	lE [
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0HY-\$1-7#				-ST-ZIP				
TILLE		DELETE	61 1171				Change	Addition
NAME			6 2 NAN			•		
STREET (ADDRESS				EET ADDRESS				
	<u> </u>		•	(-ST-ZIP				
CITy - ST 7IP								

i. For hereby definity that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 chapter 6, or on an attachaptent with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED HAME

TELESCO CO CONTESTOD

2-21-97

251-2118

ytime Phone #