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

FILED Apr 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)653669 SUNSHINE CARPET CARE, INC. Principal Place of Business Mailing Address 2081 NW 29 STREET 2081 NW 29 STREET FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1996092 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation was a has paid the current year Intangible 25 Personal Property Tax due June 30. Pes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANE, PAUL J Speven DSENFELD 400 N. STATE RD 7 82 MARGATE FL 33063 DELETE 83 84 LAUBBRDALE 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. OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ROSENFELD, STEVEN NAME 1.2 NAME USE COSET 2081 NW 29 STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33311 CETY - ST - ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE Channe Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITI F NAME 6.2 NAME

6.3 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 oath; that I am an only er 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 a satisfactment with an advance of the corporation of t

STREET ADORESS

CITY-ST-ZIP