

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F30549 (2)

1. Corporation Name
2-K CARPET AND WINDOW CLEANING SERVICE, INC.

Principal Place of Business
**% CHARLES F MCDOWELL
340 SE 1ST AVE.
POMPANO BEACH FL 33060**

Mailing Address
**% CHARLES F MCDOWELL
340 SE 1ST AVE.
POMPANO BEACH FL 33060**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

County

County

24

25

29

30

3. Date Incorporated or Qualified
04/14/1981

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2085850

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**

6. This corporation has liability for intangible tax under S. 199(1)(2), Florida Statutes Yes No

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED
5:17 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDOWELL, CHARLES F
340 S.E. 1ST AVENUE
POMPANO BEACH FL 33060**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.063 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 of Current Registered Agent)

(Signature of New Registered Agent)

2/3

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

OFF	DP
NAME	MCDOWELL, CHARLES F
STREET ADDRESS	340 SE 1ST AVE
CITY & STATE	POMPANO BEACH, FL 00000
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	
OFF	
NAME	
STREET ADDRESS	
CITY & STATE	

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: Charles F. McDowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles F. McDowell

4-28-93 (305) 781-9477