FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # (0)F95160 BROWARD CARPET CLEANING, INC. Principal Place of Business Mailing Address 1009 SE 7 ST 1009 SE 7 ST FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2426074 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Žio Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MIANO, LAWRENCE JOHN, ESQ. GOLDEN 110 SE 6TH STREET #1630 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 83 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 affectors, 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 an accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ted name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE ADAMS, RICHARD E NAME 1.2 NAME 1009 SE 7TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - ST- ZIP DELETE Change TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change 41 TITLE TITLE 4. 2 NAME

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation of the received states and that my name appears in Plack 13 or Plack 13 it papers. Block 12 or Block 13 if changed

6.3 STREET ADDRESS

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5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

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6.1 TITLE

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CITY-ST-ZIP

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NAME STREET ADDRESS

Addition

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Change

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Applied For

Not Applicable