

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # **G07937** (7)

1. Corporation Name
RED CARPET CLEANING CO.



Principal Place of Business
**603 COMMERCE WAY
BAY #5
JUPITER FL 33458
US**

Mailing Address
**P.O. BOX 4001
TEQUESTA FL 33469**

3. Date Incorporated or Qualified 11/10/1982	3a. Date of Last Report 03/24/1995
4. FEI Number 59-2237873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**NEEDLE, RICHARD G
44 PINE HILL TRAIL WEST
TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

(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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	P	NEEDLE, RICHARD G.	44 PINE HILL TRAIL W	
		TEQUESTA FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	S	ROWEN, RICHARD	127 5TH ST	
		JUPITER FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	VP	WOLFE, DALE W	2390 CARDINAL LANE	
		LAKE PARK FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. 6. NAME	VP
7. 7. STREET ADDRESS	KUSMICH, CHESTER M
8. 8. CITY - ST - ZIP	17329 BRIAN DR
9. 9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. 10. NAME	T
11. 11. STREET ADDRESS	KUSMICH, NANETTE
12. 12. CITY - ST - ZIP	17329 BRIAN DR
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. 17. TITLE	
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD G. NEEDLE 2/29/96 4077460038

CR2E034 (12/95)