

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 06 1997 8:00am
Secretary of State

DOCUMENT # J28386

(7)

1. Corporation Name:

CRYSTAL CLEAN CARPET & UPHOLSTERY CARE, INC.

Principal Place of Business

459 N MICHAELMAS TERR
661 NE 5TH ST
CRYSTAL RIVER FL 34429
US

Mailing Address

459 N MICHAELMAS TERR
459 N. MICHAELMAS TERRACE
CRYSTAL RIVER FL 34429-8148
US

3. Date Incorporated or Qualified

08/11/1986

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2721772

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 459 N. MICHAELMAS TERR

Suite, Apt. #, etc.

22 City & State

23 CRYSTAL RIVER, FL.

24 Zip 34429

25 Country CITRUS

2a. Mailing Address

26 459 N. MICHAELMAS TERR.

Suite, Apt. #, etc.

27 City & State

28 CRYSTAL RIVER, FL.

29 Zip 34429

30 Country CITRUS

9. Name and Address of Current Registered Agent

LADKANI, WILLIAM A.
459 N. MICHAELMAS TERRACE
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

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 607.0502 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: *William A. Ladkani*
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-97

12. OFFICERS AND DIRECTORS

TITLE PT
NAME LADKANI, WILLIAM A.
STREET ADDRESS 459 N. MICHAELMAS TER.
CITY - ST - ZIP CRYSTAL RIVER FL

☐ DELETE

TITLE VPS
NAME LADKANI, CYNTHIA L.
STREET ADDRESS 459 N. MICHAELMAS TER.
CITY - ST - ZIP CRYSTAL RIVER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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:

William A. Ladkani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0436801

CR2E034 (9/96)