## --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

## DOCUMENT # J98229

(4)

SAVAGE CARPET CLEANING SERVICES OF SOUTH FLORIDA, INC.														
Principal Plac	e of Busines	s		Mailing Addres	ss	····			i iddilin bişk ibidi idilin ik	010 f1210 1011 O	TOU ALON A	PUR BUBU BUBU		
4263 SW 64 AVE				4263 SW 64 AVENUE										
SUITE 3 SUITE 3								- 1						
DAVIE FL 33314				DAVIE FL 33314-3433 US			-			1		<del></del>		
US	05				00				3. Date incorporated or 10/14/1987	Qualified		ite of Last R <b>26/1996</b>	eport	
2. Principal F	2. Principal Place of Business				2a. Mailing Address				4. FEI Number	·	<u> </u>	Ar	plied For	
21	1				26				65-0010766			No	t Applicable	
Suite, Apt	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status D	esired		\$8.75 Fee Re		
City & Stat	te			City & State	9				6. Election Campaign Fir	nencina		\$5.00	<del></del>	
23			Į.	28				1	Trust Fund Contribution	-		Added		
Žip		Country		Zip		Country	/		8. This corporation has l		ntangible			
24		25	Ī	29 30			ſ	Florida Statutes		Yes [				
	9. Name	and Addres	s of Current R	egistered Agent	t The second		,		10. Name and Address (	of New Reg	istered /	Agent		
SAV	/AGE, BRIA	n John Pa	<b>NUL</b>			81	Name						İ	
	4263 SW 64 AVE #3					82 Street Add			s (P.O. Box Number is Not	Acceptabl	e)	·- <u></u>		
- DAVIE FL 33314					83			······································	······································	·	<del></del>	<del></del>		
						84	City			······································		85 Zip	Code	
							1			····	FL			
11. Pursuant office or r agent. La	to the provis registered ac am familiar w	ions of Section gent, or both, ith, and acce	ons 607.0502 ar in the State of F pt the obligation	nd 607,1508, Floi Florida: Such cha ns of, Section 60	rida Statut ange was 6 7.0505, Fk	es, the above authorized by orida Statutes	e-named y the corj s.	l corpor poration	ation submits this stateme i's board of directors, I he	nt for the pureby accept	urpose of t the app	changing it ointment as	s registered registered	
SIGNATURE	Standard to the first	or rupped name r	of registered agent an	ald title if applicable	(NOT	E: Flegistered Age	ent signature	required	when reinstaling)		DATE			
12.														
		QF.	FICERS AND D	IRECTORS		13.			ADDITIONS/CHANGES	TO OFFICE		DIRECTOR	S IN 12	
TiTLE	P	OF	FICERS AND D		DELETE				ADDITIONS/CHANGES		ERS AND	DIRECTOR Change	S IN 12	
TITLE NAME	P SAVAGE				DELETE	13.		In	ADDITIONS/CHANGES		ERS AND			
		, Brian Jo Camore C	HN		DELETE	13. 1.1 TITLE	ADDRESS	102	ADDITIONS/CHANGES		ERS AND			
NAME		, brian jo Camore C	HN		DELETE	13. 1.1 TITLE 1.2 NAME		102 De	ADDITIONS/CHANGES		ERS AND			
NAME STREET ADDRESS	9606 SY	, brian jo Camore C	HN		DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET		102 De			ERS AND			
NAME STREET ADORESS CITY: ST-ZIE	9606 SY	, brian jo Camore C	HN			13. 1.1 TIFLE 1.2 NAME 1.3 STREET 1.4 City-5		102 De	ADDITIONS/CHANGES		ERS AND	Change	Addition	
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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 path; that I am an officer or director of the corporation in the receiver or trastee 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

MAGRIFFED

4-29-9767-

**FILED** 

May 07 1997 8:00am

Secretary of State