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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J98229

SAVAGE CARPET CLEANING SERVICES OF SOUTH FLORIDA

FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90025 033 ***158.75

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Principal Place	lace of Business Mailing Address			41 414H 414H 4					
20210 N.E. 15 C	COURT	20210 N.E. 15 CT				, ·		-	`
NORTH MIAMI F	FL 33179	NORTH MIAMI FL 33179		DO NOT WRITE IN THIS SPACE					
US		US		1	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
1				•		10/14/1987		٠,	
	lace of Business	2a. Mailing Address		r -		4. FEI Number		Ap	plied For
21		26		1		65-0010766		No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired	, ,		Additional
22		27	•	. .		3. Continue of Challes Booker		Fee Re	beriupe
City & State	e ·	City-& State-	-		~ .	6; Election Campaign Financing	<u> </u>	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip Country				B. This corporation owes the current			
24	25	29 3	0 .			Personal Property Tax.		Yes	□No
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered Age	<u>nt</u>	
			81	Nam	e				
	AGE, BRIAN JOHN PAUL		82	Street	et Addres	ss (P.O. Box Number is Not Acceptable	2)	 	
	0 N.E. 15 COURT				D. 7 (BG/ 0)				
NOR'	TH MIAMI FL 33179		83						
	•		84	City	<u> </u>		FL 8	5 Zip (Code
ļ <u>.</u>		1 207 4500 51-44- 51-44-	11			ration submits this statement for the pu		noina ite	registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auti	norized by	the co	rporation	's board of directors. I hereby accept the	he appointme	ent as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statuté:	3.		- *			
SIGNATURE									
	Signature, typed or printed name of registered agent		<u> </u>	ni signatu	re required v	when reinstating)	DATE	UDECTO	DC (N. 12
12.	OFFICERS AND	O DELETE	13.			ADDITIONS/CHANGES TO OFFIC	TE	Thance	□ Addition
TITLE	•				1 ~	1. Miami, Fl.	+ + < -	·	
NAME	SAVAGE, BRIAN JOHN		1.2 NAME			0270 702.0	-20	. – –	,
STREET ADDRESS	10244 SW 23RD GT		1.3 STREE	T ADDRES	is /L	1.Miami, El.	551	19	′
CITY-ST-ZIP	DAVIE FL	**************************************	1.4 CITY-5	ST-ZIP	- -				
TITLE		☐ DELETE	2.1 TITLE				L] Change	Addition
NAME -	·		2.2 NAME						
STREET ADDRESS	•	ı	2.3 STREE	TADDRES	:s	•			- 1
CITY-ST-ZIP			2.4 CTTY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TTLE) Change	Addition
NAME	•		3.2 NAME			•			
STREET ADDRESS			3.3 STREE	T ADDRES	ss				٠
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	1			<u> </u>	
TITLE		DELETE	4.1 TITLE] Change	Addition
NAME			4. 2 NAME					٠٠.	
STREET ADDRESS			4.3 STREE		ss	·'			·
CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ DELETE	5.1 TITLE	. •.	 			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRES	ss				,
· .			5.4 CITY-5		1				[
CITY-ST-ZIP		DELETE	6.1 TITLE		+			Change	Addition
TITLE			6.2 NAME		-				
NAME			6.3 STREE	T ADVODES					
STREET ADDRESS					~				
CITY-ST-ZIP			6.4 CITY-5		1	440 07/0/0 51 11 5:		L _ 4 ''' ·	- (
14. I hereby o	ertify that the information supplied with on this annual report or surplemental a	this filing does not qualify for the	ne exempt te and tha	ion stat t my si	ted in Se anature s	ction 119.07(3)(i), Florida Statutes. I fu	rther certify t ade under oa	nat the in ath: that	nformation - I am an

4. I 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 of 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 of the receiver or trusted 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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICIR OR DIRECTOR

2-11-99 3056518125