

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K67979** (0)

1. Corporation Name

**CLASSIC CARPET & UPHOLSTERY CLEANERS, INC.**



Principal Place of Business

**C/O THOMAS CASE  
2908 S.W. 68TH AVENUE  
MIRAMAR FL 33023**

Mailing Address

**C/O THOMAS CASE  
2908 S.W. 68TH AVENUE  
MIRAMAR FL 33023**

2. Principal Place of Business

21 **2250 SW 66 AVE**

State, Apt. #, etc.

22 City & State

23 **MIRAMAR, FL**

24 Zip

25 **33023**

Country

26 **USA**

2a. Mailing Address

26 **2250 SW 66 AVE**

Suite, Apt. #, etc.

27 City & State

28 **MIRAMAR, FL**

29 Zip

30 **33023**

Country

31 **USA**

3. Date Incorporated or Qualified

**02/23/1989**

3a. Date of Last Report

**01/10/1995**

4. FEI Number

**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

**CASE, THOMAS  
2908 S.W. 68TH AVENUE  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name **CASE, THOMAS**

82 Street Address (P.O. Box Number is Not Acceptable)

**2250 SW 66 AVE**

83

84 City **MIRAMAR**

FL

85 Zip Code **33023**

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 on Form 444

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CASE, THOMAS**  
STREET ADDRESS **2908 S.W. 68TH AVENUE**  
CITY-STATE-ZIP **MIRAMAR FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

**2250 SW 66 AVE  
MIRAMAR, FL, 33023**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

**THOMAS M CASE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/96**  
Date

**954-855-8039**  
Day/Even. Phone #

CR2E034 (12/95)