SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

K96780

"TECHNIQUE" CARPET & UPHOLSTERY CLEANING, INC.

Country

25

FRUCCI. BRUCE T 2591 CREEKVIEW CIR

OVIEDO FL 32765

Principal	Place of	Business
A44 1 FA		

Mailing Address

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847 LEOPARD TR WINTER SPRINGS FL 32708

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

22

23

Zip

P.O. BOX 195605 WINTER SPRINGS FL 32719

FILED Aug 12 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report 06/20/1989 12/04/1996 Applied For 2a. Mailing Address Not Applicable 59-2962229 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Properly Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 82 Street Address (P.O. Box Number is Not Acceptable) **B**3 84 City Zip Code 85

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 tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **4** D DELETE ☐ Addition TITLE 1.1 TITLE Change FRUCCI, BRUCE T NAME 1.2 NAME 25034 845 LEOPARD TRAIL STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 THILE FRUCCI, BRUCE T NAME 2.2 NAME 847 LEOPARD TRAIL STREET ADDRESS 2.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIF 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ___ Addition TITLE 5.1 TOTLE NAME 5.2 NAME STREET ADDRESS 5.3 SYREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 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.

0/0/02