

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K96780**

1. Corporation Name

"TECHNIQUE" CARPET & UPHOLSTERY CLEANING, INC.

Principal Place of Business  
847 LEOPARD TR.  
WINTER SPRINGS FL 32708

Mailing Address  
P.O. BOX 195605  
WINTER SPRINGS FL 32719

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90014 008 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1989

4. FEI Number

59-2962229

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 425 FLATWOOD DR

Suite, Apt. #, etc.

22 WINTER SPRINGS, FL

City & State

23

Zip

Country

24 32708

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRUCCI, BRUCE T  
2591 CREEKVIEW CIR  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

BRUCE T. FRUCCI

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

425 FLATWOOD DR.

83

WINTER SPRINGS, FLORIDA

84 City

FL

85 Zip Code

32708

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME FRUCCI, BRUCE T  
STREET ADDRESS 845 LEOPARD TRAIL  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE P ☒ DELETE

NAME FRUCCI, BRUCE T  
STREET ADDRESS 847 LEOPARD TRAIL  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

425 FLATWOOD DR.

1.4 CITY-ST-ZIP

WINTER SPRINGS, FL 32708

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

425 FLATWOOD DR.

2.4 CITY-ST-ZIP

WINTER SPRINGS, FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE T. FRUCCI

7/2/99

407-977-6866

CR2E034 (5/99)