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

CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

U.S.A. CARPET DRYCLEANING, INC.

(6)

FILED Apr 25 1996 8:00 am Secretary of State



Principal Place of Business Maling Address						a labitati ani anita tatol talili di	I I I I I I I I I I I I I I I I I I I	E1911 9(\$1) \$1	ANT MANTIN MININT	
6573 WIN Parklani	DSOR DR D FL 33067	6573 WINDSOR DR PARKLAND FL 3306	6573 WINDSOR DR PARKLAND FL 33067							
						3. Date incorporated or Qualified 08/17/1989	3a. Dat	e of Last R 04/11/1	eport 995	
	Principal Place of Business Address Address					4. FEI Number			Applied For	
21		26				65-0214544			Not Applicat	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & Stati	e	City & State	-,			6. Election Campaign Financing	5.00 May Be			
23		28				Trust Fund Contribution	<u> </u>	Adde	d to Fees	
Zφ 	Country	Zip	Coun	nt∕y		8. This corporation has liability for		ax under s	199.032,	
24	25	29	30				□ No		~~~~	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New R	legistered	Agent		
NIAG	DE DICKY		['	81	Name					
ILLOBRE, RICKY			Ī	82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)			
6399 NORTHWEST 69 WAY			ļ.							
PARK	LAND FL 33067		1	83						
			1	84	City			85 Z	o Code	
						ation submits this statement for the pur	FL	_ ' '		
familiar wi SIGNATURE	th, and accept the obligations of Sec	etion 607.0505, Florida Statutes	3 D'E Bagistered A			d of directors. Thereby accept the apput	DAIE			
Title	PD OFFICERS AI	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFF				
	ILLOBRE, RICKY	□ DECEIE	1 1] []					Change	Addition	
NAME	6573 WINDSOR DR.		1.2 NAA		1					
STREET ADDRESS	PARKLAND FL				ADDRESS					
CITY-ST-ZIP TITLE	TANKOND IL	DELETE	14 (11)		ZIF					
NAME		L1 nereig	. 2 1 ไปไ					Change	Addition	
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CITY - ST - 7IP TITLE		☐ DELETE	2 4 0111		- 209	·				
NAME			3 1 111				,	Change	Addition	
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CITY - ST - ZIP		FT3 bc tox	4 4 GiTs		- 712				- <u></u>	
TITLE	į.	☐ DELETE	5 1 1111	LE				Change	Addition	

64 OTY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and abourate 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 13 if changed, or on an extactment with an address.

5.2 NAME

6 1 TIFLE

6.2 NAME

5 3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - 5! - ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEL ETE

4-16-96

954 341-0381

Addition

Change