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

CORPORATION



FLORIDA DEPARTMENT OF STATE

1	UAL REPORT 1997	Secretary of DIVISION OF COI		Secretary	of State
DOCU 1. Corporatio	MENT # L098	44 (6)			
1	CARPET DRYCLEANING			L HOUGH EN GENT HUR HOLE BLEV BORN	Didii didik didik didik didik didik didik ibak
Principal Place of Business Mailing Address					
8573 WINDSOR DR PARKLAND FL 33067		6573 WINDSOR DR PARKLAND FL 33067-1676			
				3. Date Incorporated or Qualified 08/17/1989	3a. Date of Last Report 04/25/1996
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0214544	Applied For Not Applicable
Suite Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	yy o anno ay anno i Panana. Tayanga t Pananan Byr mad ta gamahiliyy diddillin and	City & State	·—	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	Country 25 9. Name and Address of C	Zip 29 30	Country	R. This corporation has liability for in Florida Statutes  10. Name and Address of New Rev.	Yes No
11.1.0	OBRE, RICKY	ultein registelen Agent	81 Name	10, Hame and Address of New Ne	herered wheur
6399 NORTHWEST 69 WAY 82 Street Ac			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
PAF	RKLAND FL 33067		83		
			84 City		<b>■■ 85</b> Zip Code
11. Pursuant office or	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508, Florida Statutes, State of Florida Such change was auti	the above-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered if the appointment as registered
SIGNATURE	am tarrilliar with, and accept the		egistered Agent signature requ		DATE
12.		IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
1111.1	PO	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME:	ILLOBRE, RICKY		1.2 NAME		
STREET ADDRESS	6573 WINDSOR DR. PARKLAND FL		1.3 STREET ADDRESS		
CHY-S1 24 Inte	PARILLAND   L	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME:	j		2.2 NAME		
STEFET ALORESS			2.3 STREET ADDRESS		
CHY-S1-7#			2. 4 CITY - ST - ZIP		
1011		DELETE	31 TITLE		Change L Addition
NAME SIRFELADDRESS		•	3.2 NAME 3.3 STREET ADDRESS		
CITY 51-7/P	{	•	3.4. CITY-ST-ZIP		
THUE		☐ DELETE	4.1 TITLE		Change Addition
NAME	)		4.2 NAME		
STREET ACURESS			4.3 STREET ADDRESS		
CH1Y - S1 - 70P		Inner	4.4 CITY - ST - ZIP		AL
TIPLE A SANG	}	□] DELETE	51 TITLE		· Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITA-21.			5.4 CITY-ST-ZIP		
180		DELETE	61 TITLE	······································	Change Addition
NAME			62 NAME		
STREET ADDRESS			6.9 STREET ADDRESS		
CHY-St 704			6.4 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.

SIGNATURE:

**FILED** 

Apr 11 1997 8:00am

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