

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L50569 (7)  
1. Corporation Name  
SPARKS CARPET AND UPHOLSTERY CLEANING, INC.

Principal Place of Business

%DANNY JOE SPARKS  
3413 ELKRIDGE DRIVE  
HOLIDAY FL 34691

Mailing Address

%DANNY JOE SPARKS  
3413 ELKRIDGE DRIVE  
HOLIDAY FL 34691-4622



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1990		3a. Date of Last Report 04/22/1996	
21 DANNY JOE SPARKS Suite, Apt. #, etc.		26 DANNY JOE SPARKS Suite, Apt. #, etc.		4. FEI Number 59-3022965		Applied For Not Applicable	
22 9306 UNICORN AVE City & State		27 9306 UNICORN AVE City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Port Richey, FL Zip Country		28 Port Richey, FL Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 34668 25 Pasco		29 34668 30 Pasco		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

b. Name and Address of Current Registered Agent

SPARKS, DANNY JOE  
3413 ELKRIDGE DR  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name	DANNY JOE SPARKS		
82 Street Address (P.O. Box Number is Not Acceptable)	9306 UNICORN AVE.		
83 City	Port Richey, FL	84 Zip Code	34668
	FL		

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: Danny Joe Sparks DATE: 4/15/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, DANNY JOE	1.2 NAME	
STREET ADDRESS	22 ELK RIDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Danny Joe Sparks DATE: 4/15/97 813-849-6213

CR2E034 (9/96)