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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name M64729

(0)

JEFFREY G. CARPET CARE, INC.

FILED										
Apr	17	1998	8:00am							
Se	cre	tary c	of State							

Denotoral Dis-	of Project	Nailus Address						
Principal Place of Business # JEFFREY GRODENCHIK 10140 MARLIN DR. BOCA RATON FL 33428		Mailing Address						
		% JEFFREY GRODENCHIK 10140 Marlin dr.						
			BOCA RATON FL 33428			DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified 01/13/1988		
	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0022373		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	4	Additional equired
City & Stat	е	City & State				6. Election Campaign Financing		May Be
23		28]				Trust Fund Contribution L		to Fees
Zip 24	Country 25	Z(p 29	Coun	ntry		 This corporation owes or has paid the Personal Property Tax due June 30. 		tangible No
 1	9. Name and Address of Curre		1001			10. Name and Address of New Registr		
GP	ODENCHIK, JEFFREY			61	Name			
10140 MARLIN DR.		ļ	62	Street Ado	dress (P.O. Box Number is Not Acceptable)			
j 80	ICA RATON FL 33428		<u> </u>	B3				
1			L					
]5	84	City		FL 85 Zip	Code
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida, Such change virgations of, Section 607.0508	vas authorized 5, Florida Statu	by ites	the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	e appointment as	ts registered registered
	Signature, typed or printed name of registered a	agent and title if applicable. ND DIRECTORS	·	Agor	nt signature requ		ATE	20.41.40
12.	D	DELETE	13. 1.1 TUL	F		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	GRODENCHIK, JEFFREY		1.2 NAN				onango	
STREET ADORESS	10140 MARLIN DR.				ADDRESS			
CITY+ST-ZIP	BOCA RATON FL		1.4 C(T)					
TITLE		☐ DELETE					Change	Addition
NAME			2.2 NAN	ΛE				
STREET ADDRESS			2.3 STR	EET :	ADDRESS			
CITY-ST-ZIP			2. 4 CIT	Y-\$	ST - ZIP		_	
TITLE		☐ DELETE	3.1 TITL	.E			Change	■ Addition
NAME			3.2 NAA	ΝE	1			
STREET ADDRESS			3.3 STR	EFT.	ADDRESS			
CITY-ST-ZIP			3.4. CIT	_	.T - ZIP			
TITLE		L DELETE	41 TITL	.E			☐ Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADORESS			4 3 STR	EET	ADDRESS			
CITY-ST-ZIP		T Attended	4.4 CITY		Γ- ZIP			
TITLE		DELETE					Change	Addition
NAME			5.2 NAN					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY		I-ZIP		Channe	Addiso-
TITLE		الله الله الله الله الله الله الله الله					Change	Addition
NAME			6.2 NAN		I DODGE CO			
STREET ADDRESS			6.3 STR	tET /	ADDRESS			

14. Thereby 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 of 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 or an attachment extra address.