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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M68433

(5)

AGAPE CARPET CLEANERS, INC. Principal Place of Business Mailing Address C/O LOU ABATE C/O LOU ABATE						
C/O LOU ABATE 834 CAMDEN ROAD JACKSONVILLE FL 32218		C/O LOU ABATE 834 CAMDEN ROAD JACKSONVILLE FL 32218-3804				
2. Proconal P	ace of Business	28. Mailing Address		3. Date Incorporated or Qualifi 02/10/1988	ied 3a. Date of L 07/02/	
21	and of citablicas	26		4. FEI Number 59-2888296		Applied For Not Applicable
Suite, Apt.	r, etc	Suite, Apt #, etc.	1241	5. Certificate of Status Desired	□ \$8	.75 Additional
City & State		City & State			F	ee Required
3		28		Election Campaign Financing Trust Fund Contribution	~ ~ Ψν	5.00 May Be dded to Fees
- Z ф Л	Country	Ζφ	Country	8. This corporation has liability	for intangible tax un	
4	25 9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes	Yes No	
AB	ATE, LOU	Total registered Agent	81 Name	10. Name and Address of New	/ Registered Agent	
93	CAMDEN ROAD			dress (P.O. Box Number is Not Accep		
JA	CKSONVILLE FL 32218			diess (F.O. Box Number is Not Accep	piable)	
			83			
			84 City		— 85	Zip Code
11. Pyrsunnt t	the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-named co	rporation submits this statement for th	FL of chang	ning its registered
						nt pe rogietorod
agent Lar SIGNATURE	i familiar with, and accept the ob	oligations of, Section 607.0505,	is authorized by the corpori Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby ac	ccept the appointme	ar as registered
SIGNATURE	John Type one printed name of registered	agent and the if applicable / (f	IOTE: Høg stered Agent signature reg	uired when reinstating)	DATE	
SIGNATURE	John Type one printed name of registered	agers and title if applicable (F AND DIRECTORS	IOTL: Flog stored Agent signature req		DATE FICERS AND DIREC	OTORS IN 12
SIGNATURE	PSD ABATE, LOU	agent and the if applicable / (f	IOTE: Høg stered Agent signature reg	uired when reinstating)	DATE	CTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

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