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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # M78695** 

**(7)** 

1. Corporado	CARPET CLEANING, INC.	Mailing Address				
243 CENTER COURT VENICE FL 34292		243 CENTER COURT VENICE FL 34282-3549				
				05/02/1988	3a. Date of Last Report 07/30/1996	
2. Principal Piace of Business		2a. Mailing Address		4, FEI Number 65-0050920	Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable   \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip 29 3	Country 30	8. This corporation has liability for inta Florida Statutes Y		
	9. Name and Address of Curi	ent Registered Agent		10. Name and Address of New Regis	tered Agent	
	ON, ALBERT		81 Name			
3130 CHESTNUT ROAD VENICE FL 34293			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
ACIA	OE FE 34283		83			
			84 City		85 Zip Code	
					FL	
11. Pursuant office or r agent I a	to the provisions of Sections 607.0 registered agent, or both, in the Stam im familiar with, and accept the ob	502 and 607.1508, Florida Statute: ite of Florida. Such change was al ligations of, Section 607.0505, Flor	s, the above-named corpora othorized by the corpora ida Statutes.	poration submits this statement for the purp tion's board of directors. I hereby accept the	cose of changing its registered ne appointment as registered	
SIGNATURE	Signature: typed or printed name of registered	agent and the if applicable (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICER		
tittŧ	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	SIMON, GARY 229 ALGIERS		1.2 NAME			
STREET ADDRESS CITY+ST+ZIP	VENICE FL		1.3 STREET ADDRESS 1.4 City-St-Zip		ŀ	
Tille	DV	DELETE	21 TITLE		Change Addition	
NAME	SIMON, RON		2.2 NAME			
STREET ADDRESS	1342 DEVON		2.3 STREET ADDRESS			
C(TY+ST+ZIP	VENICE FL	***************************************	2.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE	3.1 TITLE		Change Addition	
NAME	SIMON, ALBERT		3.2 NAME			
STREET ADDRESS	3130 CHESTNUT ROAD VENICE FL		3.3 STREET ADDRESS			
CHY-ST ZIP TITLE	DS	DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME	SIMON, ALBERT	EL Decert	4.2 NAME			
STREET ADORESS	3130 CHESTNUT ROAD		4.3 STREET ADDRESS			
CITY-S1-201	VENICE FL		4.4 CITY - ST - ZIP			
Title		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5 2 NAME		{	
STREET ADDRESS			5 3 STREET ADDRESS			
CHY+S1+7F			5.4 City+ST-ZiP			
1HLE		☐ DELETE	6.1 TIYLE		Change Addition	
NAME			6.2 NAME		ĺ	
STREET ADDRESS			6.3 STREET ADDRESS			

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:

NING OFFICER ON DIRECTOR

954 441C Dayline Phone #

**FILED** 

May 09 1997 8:00am

Secretary of State