

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000023229 (6)**

1. Corporation Name

OCEAN CITY PROFESSIONAL CARPET CLEANERS INC.



Principal Place of Business

Mailing Address

249 NE 15TH ST
DELRAY BEACH FL 33444

249 NE 15TH ST
DELRAY BEACH FL 33444

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/26/1993 | 3a. Date of Last Report 02/28/1995 |
| 4. FEI Number 65-0399126 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 25 | Zip 29 |
| Country 25 | Country 30 |

9. Name and Address of Current Registered Agent

**ALBANESE, JEROME H
249 NE 15TH ST
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

| | |
|--|-----------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL 85. Zip Code |

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

Signature of the person authorized to sign this report (Print name and title) _____ Date _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D ALBANESE, JEROME H | 2. NAME | |
| STREET ADDRESS | 249 NE 15TH ST | 3. STREET ADDRESS | |
| CITY- ST- ZIP | DELRAY BEACH FL 33444 | 4. CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 2.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.4 STREET ADDRESS | |
| CITY- ST- ZIP | | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4. 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 | <input type="checkbox"/> DELETE | 5. 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 | <input type="checkbox"/> DELETE | 6. 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome H. Albanese

407-274-4982

Date

Daytime Phone #

CR2E034 (12/95)