

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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



DOCUMENT # P93000034115
1. Corporation Name
NEW IMAGE CARPET & UPHOLSTERY CLEANING, INC.

Principal Place of Business: 1093 S.W. 24 TERRACE
DEERFIELD BEACH, FL 33442
Mailing Address: 1093 S.W. 24 TERRACE
DEERFIELD BEACH, FL 33442

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 5/7/88
4. FEI Number 65-0409485
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FINNIGAN EDWARD
1093 S.W. 24 TERRACE
DEERFIELD BEACH, FL 33442

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: *Edmund Finnigan* DATE: 4-24-98

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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1. TITLE NAME: FINNIGAN EDWARD STREET ADDRESS: 1093 S.W. 24 TERRACE CITY, ST, ZIP: DEERFIELD BEACH FL 33442	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
2. TITLE NAME: STREET ADDRESS: CITY, ST, ZIP:	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME: STREET ADDRESS: CITY, ST, ZIP:	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME: STREET ADDRESS: CITY, ST, ZIP:	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME: STREET ADDRESS: CITY, ST, ZIP:	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME: STREET ADDRESS: CITY, ST, ZIP:	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

14. I 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 of changes or on an attachment with an address.

SIGNATURE: *Edmund Finnigan* DATE: 4-24-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/97)