## 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 # P93000079172 (1)

## COLOR BRITE PROFESSIONAL CARPET CLEANING INC.

Principal Plac 5488 N.W. 170 MIAMI 33 055		Mailing Address 5488 N.W. 170TH TERRACE MIAMI 33 33055-3805							
						Date Incorporated or Qualified     11/17/1993	3a. Date 03/06		port
	Place of Business	2a. Mailing Addr	ess			4, FEI Number			plied For
Suite, Apt	# Pla	26 Suite, Apt. #,	etc			65-0442489		\$8.75 A	Applicable
22	,	27	<b>410</b> .			5. Certificate of Status Desired		Fee Re	
City & Stat	te	City & State	·			6. Election Campaign Financing	<del> </del>	\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·	28	<del></del>			Trust Fund Contribution		Added t	
Zip Country		<u>├</u>	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 25 25 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	29 Agent	30			Florida Statutes  10. Name and Address of New Re			
OD4		in nogistered Agent	****	81	Name	10, reality and Address of light he	Aistaian Wa		
	AWFORD, DIANE M 8 N.W. 170TH TERRACE						······································		
	MI FL 33055			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
HILL	WHI 1 E 30000			83		August Au			
				84	City			B5 Zip (	odo.
				104	City		FL	B5 Zip (	oue.
SIGNATURE	Supplies type or princed frame of registered ag	gent and tale if asipheable	(NOTE: Reg	istered Age		tion's board of directors. I hereby acce	DAYE		
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		IRECTOR Change	S IN 12 Addition
THLE	CRAWFORD, RONALD	[] <i>V</i> (		1.1 TITUE 1.2 NAME			<b>L</b>	1 (mange	L'1 VOUITOR
STREET ADORESS	FIAN BELL AND TEND			1.3 STREET	ADDRESS				
CHTA- ST 74.	MIAMI FL		- 1	1.4 CITY-SI	1				
THE	V	DE		21 TITLE				Change	Addition
NAME	CRAWFORD, DIANE		Ī	22 NAME					
STREET ADDRESS	5468 NW 170 TERR			2.3 \$TREET	ADDRESS				
CITY - \$1 - 74P	MIAMI FL			2. 4 CITY - S	ST-ZIP				
TITLE		DE		3.4 TITLE			Ĺ	] Change	Addition
NAMÉ				3.2 NAME					
STRUE! ADDRESS				3.3 STREET					
COLY: \$1- ZIF THUE				3.4. CITY - S	01 · ZIP			Change	Addition
11111		1 13		4 7 1931 F				_ PRGDH6:	
NAMI		DI	1	4.1 TITLE 4.2 NAME			L	1 numbe	
NAME STHEET ADDRESS		L1 D(		4. 2 NAME	ADDRESS		L.	1 pirange	
NAME STREET ADDRESS CITY+S1+7IP		L Di			- 1		L	T swande	
STREET ADDRESS		DI		4. 2 NAME 4.3 STREET	- 1			Change	Addition
STHEFT ADDRESS		en Euse	ELETE	4.2 NAME 4.3 STREET 4.4 City-S	- 1				Addition
STHEET ADDRESS CITY+S1-7IP TILE		en Euse	LETE	4.2 NAME 4.3 STREET 4.4 City-S 5.1 Title	t-ZIP				Addition
STREET ADDRESS CITY ST-7IP THEE NAME STREET ACTORSS CITY ST-7IP		Di	LETE	4.2 NAME 4.3 STREET 4.4 City-S 5.1 Title 5.2 NAME 5.3 STREET 5.4 City-S	T-ZIP ADDRESS			] Change	
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STREET ADDRESS CITY ST-7IP THEE NAME STREET ACTORSS CITY ST-7IP		Di	ELETE	4.2 NAME 4.3 STREET 4.4 City-S 5.1 Title 5.2 NAME 5.3 STREET 5.4 City-S	T-ZIP  ADDRESS T-ZIP			] Change	

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97

**FILED** 

Apr 22 1997 8:00am

Secretary of State

(2)-4/25 Day:ms Pronc #