

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

95 MAY 30 AM 9:33

TALLAHASSEE, FLORIDA

DOCUMENT # P94000000850 (5)

SUPER CLEAN CARPET, INC.

300001504103
-06/02/95--01008--014
****225.00 ****225.00

(EXCEPT WHERE INDICATED, PRINT)

21. Principal Place of Business 7531 TROPICANA STREET MIRAMAR FL 33023		22. Mailing Address 6309 STERLING ROAD STE. 1007 DAVIE FL 33314	
23. State FLA	24. City MIRAMAR	25. State FLA	26. City DAVIE
27. State USA	28. City USA	29. State FLA	30. City DAVIE
31. Date of Incorporation or Qualification 01/05/1994		32. Date of Last Report 06/02/95	
33. Filing Number 65-0457946		34. Applied For Not Applicable	
35. Certificate of Status Desired ☐		36. \$8.75 Additional Fee Required	
37. Election Campaign Financing Trust Fund Contribution ☐		38. \$5.00 May Be Added to Fees	
39. This corporation has liability for acceptable tax status (S, C, etc.) Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

PEREIRA, ROBERT H JR.
7531 TROPICANA STREET
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation certifies 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of New Registered Agent or New Registered Agent's Representative)

51

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PTD PEREIRA, ROBERT H JR. 7531 TROPICANA STREET MIRAMAR FL 33023		13.1 NAME PTD PEREIRA, ROBERT H JR. 7531 TROPICANA STREET MIRAMAR FL 33023	☐ Change ☐ Addition
12.2 NAME VSD MARTELL, GEORGE R JR. 7190 N.W. 179TH STREET APT. 203 MIAMI-FL 33014	NO LONGER	13.2 NAME VSD MARTELL, GEORGE 7190 N.W. 179TH STREET APT. 203 MIAMI-FL 33014	☒ Change ☐ Addition DELETE
12.3 NAME STREET ADDRESS CITY, STATE, ZIP		13.3 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, STATE, ZIP		13.4 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, STATE, ZIP		13.5 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, STATE, ZIP		13.6 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, STATE, ZIP		13.7 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.8 NAME STREET ADDRESS CITY, STATE, ZIP		13.8 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
12.9 NAME STREET ADDRESS CITY, STATE, ZIP		13.9 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01 and 607.02, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 and that I am familiar with and accept the obligations of the provisions of Florida Statutes, Chapter 607, Florida Statutes, and that my name appears on the block for the block for the corporation's report as required by the provisions of Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE:

(Signature and Printed Name of Signing Officer or Director)

ROBERT PEREIRA JR.
PRESIDENT

5/15/95

1-800-617-8737

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CORPORATION
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1995



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

DOCUMENT # **P9400000958**
1. Corporation Name
Washco Framing, Inc.

Principal Place of Business: Mailing Address
**260 20th Ave N.W.
Golden Gate, FL 33964**

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Quoted	3a. Date of Last Report
12-6-93	
4. FEI Number	Applied For
65-0452707	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contributions	\$5.00 May Be Added to Fees
☐	
9. This corporation has failed to file its annual report for the year 1994 (1995)	Florida Statutes ☒ Yes ☐ No

2. Mailing Address	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. 260 20th Ave N.W.	27. City & State
23. Golden Gate, FL 33964	28. City & State
24. 33964	25. Collier
29. 33964	30. Collier

9. Name and Address of Current Registered Agent
**Jeffrey L. Washco
260 20th Ave N.W.
Golden Gate, FL 33964**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. FL
86. Zip Code

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(6), 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 607.05(6), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME: President Jeffrey L. Washco	1. NAME
STREET ADDRESS: 260 20th Ave N.W.	2. STREET ADDRESS
CITY: Golden Gate, FL 33964	3. CITY
STATE: FL	4. STATE
NAME: John Vanthornes	5. NAME
STREET ADDRESS: 5351 Hennigley Lane W 510	6. STREET ADDRESS
CITY: Naples, FL 33999	7. CITY
STATE: FL	8. STATE
NAME: _____	9. NAME
STREET ADDRESS: _____	10. STREET ADDRESS
CITY: _____	11. CITY
STATE: _____	12. STATE
NAME: _____	13. NAME
STREET ADDRESS: _____	14. STREET ADDRESS
CITY: _____	15. CITY
STATE: _____	16. STATE
NAME: _____	17. NAME
STREET ADDRESS: _____	18. STREET ADDRESS
CITY: _____	19. CITY
STATE: _____	20. STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(1)(b), Florida Statutes. I further certify that the information is true and correct 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, or changed or on an attached sheet with an address.

SIGNATURE: **Jeffrey L. Washco** **4-21-95** **(813) 352-8722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR