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

City & State

Zip

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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000007134 (7)

FLORIDA DISCOUNT VACUUM & SEWING, INC.

Country

Principal Place of Business Mailing Address 12760 SW 88TH ST 1723 SOUTHWEST 103 PLACE MIAMI FL 33186 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/28/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 65-0471952 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required

30

24 25 9. Name and Address of Current Registered Agent DALE S GRIBBONS 12760 SW 88TH ST **MIAMI FL 33186**

City & State

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Zip

	Trust Fullo Collination						
Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	10. Name and Address of New Registered Agent						
81	Name						
62	Street Address (P.O. Box Number is Not Acceptable)						
83							

6. Election Campaign Financing

FILED

Mar 25 1998 8:00am

Secretary of State

\$5.00 May Be

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

agent. I a	m familiar with, and accept the obligations of, Section	n 607.0505, Floric	la Statutes.	poration's board or directors. Thereby accept the a	ippointment as	registered
SIGNATURE	Signature typod or preved name of registered agent and title diapplicable	Alox o		required when reinstating) DATE		
12.	OF LICERS AND DIRECTORS	e (NOIF: H	egislered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS A		IS IN 12
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	GRIBBONS, DALE S		1.2 NAME			
STREET ADDRESS	% 1723 SOUTHWEST 103 PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP			
TITLE	8	DELETE	2.1 TITLE		☐ Change	Addition
NAME	GRIBBONS, MIRIAM N		2.2 NAME			
STREET ADDRESS	1723 S W 103RD PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MAIMI FL		2. 4 CITY-ST-ZiP			
TITLE		☐ DELET e	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CfTY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE	•	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		11	
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME		1/2/-)
STREET ADDRESS			5.3 STREET ADDRESS	\checkmark	1)40	\mathcal{O}
CITY-ST-ZIP			54 CITY - ST - ZIP	/(<u> </u>	
TITLE		☐ DELETÉ	6.1 TITLE	6000024680	hange	☐ Addition
NAME			6.2 NAME	-03/25/98010694	J07	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00		

6.4 CITY - ST - ZIP 14. Thereby 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 of the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed

CITY-ST-ZIP