## FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortam

Secretary of State DIVISION OF CORPO ATIONS

DOCUMENT # P94000019575 (7)

DAVID'S CARPET CLEANING, INC.

**FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									Afti Æðiði kiði	¥ (810) Đị() (80	
5990 N.W. 161 SUNRISE FL 3			5990 N.W. 16TH STREET SUNRISE FL 33313				DO NOT WOL	T IN THE	ODA OF		
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
								03/10/1994			
2. Principal Pl	ace of Busin	2a. Mailing Ar	2a. Mailing Address				4. FEI Number		Ac	plied For	
21		26	26				65-0478756			t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75	Additional	
22		27	27				5. Certificate of Status Desired		Fee Re	equired	
City & State	•	City & Sta	City & State				6. Election Campaign Financing	-	\$5.00	May Be	
23			28				Trust Fund Contribution				
Zip	· — ·			Zip Country				8. This corporation owes or has paid the current year Intangible			
			29 ant Registered Ager	1 - 1				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent ALLENICK, DAVID							Name	IV. Name and Address of New A	ogistoreu i	- Torin	
	10 N.W. 16										
			ļ			Street Addres	Idress (P.O. Box Number is Not Acceptable)				
SUNRISE FL 33313					83			·			
					L						
					1	84	City		FL	85 Zip (	Code
11. Pursuant t	o the provisi	ons of Sections 607.05	502 and 607.1508, FI	orida Statutes.	the abo	OVØ-1	named corpor	ration submits this statement for the	purpose of	changing it	s registered
office or re	egistered ag	ent, or both, in the Sta	n's board of directors. I hereby acce	pt the app	ointment as	registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the cagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								4	- 14	- 98	
SIGNATURE		or printed name of registered a	spirit and little if applicable	(NOTE: F	legislered	Agent	signature required		DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	_	
TITLE	PD	N DAIAD		DELETE	1.1 TITL	Lŧ				Change	Addition
NAME		K, DAVID		ļ	1.2 NAN	WE					
STREET ADDRESS		W. 16TH STREET		ļ	1.3 STR	EET AD	ODRESS				
CITY-ST-ZIP		E FL 33313			1.4 CITY		ZIP				
TITLE	VPD	M SIGTA		DELETE	2.1 TITL					L Change	Addition
NAME		K, JUTTA		}	2.2 NAN						
STREET ADDRESS		W. 16TH STREET			2.3 STR	EET AD	ODRESS				
CITY - ST - ZIP	SUNNIS	E FL 33313		DE) 575	2.4 CIT		ZIP				T Allega
TITLE			ĻJ	DELETE	3.1 TITL					☐ Change	☐ Addition
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TITLE				DELLIL	4.0 ITL					CI CHAILGE	L. Addition
NAME					4. NAI						
STREET ADDRESS							OORESS				
City - ST - ZIP				DELETE		Y-\$1-	ZIP	<del></del>		Change	Addition
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STREET ADDRESS							ODRESS				
CITY-ST-ZIP TITLE				DELETE	5. CITE	Y-ST-;	ZIP			Change	Addition
NAME					6. NAN						
STREET ADDRESS							DORESS				
STHEET ADDRESS  CIFY-SI-ZIP						Y-ST-7					
PH 1-91-78					0, 111	1.01-1	CP [				

SIGNATURE:

14. I hereby certify that the information supplied with this filing does not qualify for the kemption 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 frustee 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.