


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

FILED
Feb 25 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 # P94000093533 (5) 1. Corporation Name PRIDE PRESSURE CLEANING & CARPET CLEANING, INC.					
Principal Place of Business 1607 WINDSHIP CIRCLE WEST PALM BEACH FL 33414 US			Mailing Address 1607 WINDSHIP CIRCLE WEST PALM BEACH FL 33414 US		
2. Principal Place of Business 21 763 LEMON GRASS LANE Suite, Apt. #, etc.		2a. Mailing Address 26 763 LEMON GRASS LANE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/28/1994	
22 City & State 23 W.P.B. FL		27 City & State 28 W.P.B. FL		4. FEI Number 12-0480440 Applied For <input type="checkbox"/> Not Applicable	
24 Zip 33414		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33414		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33414		29 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PAULL, RICHARD J 13833 WELLINGTON TRACE WELLINGTON FL 33414					
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP D TELLER, HAROLD W 1607 WINDSHIP CIRCLE WELLINGTON FL 33414					
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
7. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
8. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
13. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. If my signature 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: Harold Teller					



DO NOT WRITE IN THIS SPACE

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

above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

Agent signature required when reinstating) DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate. If my signature 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.

2-13-98
Date _____ Daytime Phone # _____

CR2E034 (10/97)