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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000024080 1. Corporation Name

LORRAINE CARPET AND UPHOLSTERY CLEANING, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90024 041 ***150.00



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Principal Place of Business Mailing Address						i skuisedi jin imini allii malle dulli ausii ausii	.W (586) WINII 801VI	18711 8811 1981	
500 E. HALLANDALE BEACH BLVD. 2501 SO. OCEAN DI									
HALLANDALE F	L 33009		HOLLYWOOD FL 33019			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed	3 3FAOL		
						03/24/1995			
O Drivers I Di	less of Business	2a. Mailing Address				4. FEI Number	An	plied For	
2. Principal Pi	Principal Place of Business 2a. Mailing Address 26					65-0569285		t Applicable	
Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.75 A		ı
	#, Etc.	27	Suite, 1 that is, since			5. Certifcate of Status Desired	Fee Re		ļ
22 City & State	9		City & State			6. Election Campaign Financing	\$5.00	May Be	-
23		28				Trust Fund Contribution	Added t	•	1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year li	ntangible		
24	25	29	30			Personal Property Tax.	Dres	□No	i
- `1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	d Agent		í
	440F4F14 D.A.			81 Name				i	
	MREJEN, P.A.			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
8360 W. OAKLAND PARK BLVD.					***			-,	
	E 307			83					
SUN	RISE FL 33351			84 City			85 Zip (Code	
				i ` ´		F.	LI		i
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	les, the a	ove-named	corpor	ation submits this statement for the purpose of submits this statement for the purpose of submits at the submit	of changing its	registered	į
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	numonzeo orida Stati	ites.	Jiadon	5 board of directors. Thereby accept the app	Outuneth do ro	91510100	ı
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag			Agent signature re	equired w				1
_12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
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NAME	LEVITON, ELIZABETH		1.2 N						
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14. I 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 flister empoyered 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 adactories with an address, with all other like empowered.

SIGNATURE: