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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000025337 (3) DOCUMENT #

STEAM WAY S.W. CARPET CARE, INC.

## **FILED** Feb 02 1998 8:00am Secretary of State



runcipai riac	seemend to es		Mai	Mailing Address										
2435 LOLA A LEHIGH ACRI				2435 LOLA AVENUE										
CENTON AON	EQ FE 99971	LEI	LEHIGH ACRES FL 33971					DO NOT WRITE IN THIS SPACE						
								<u> </u>	3. Date incorporated or Qualific	od			<del></del>	
								Í	03/28/1995					
2. Principal F	Place of Busines	SS	2a.	2a. Mailing Address					4. FEI Number			Anr	lied For	
21		26	26					65-0567632 Not Applied						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					037/30/032		60		dditional		
22				27				1	5. Certificate of Status Desired			ee Rec		
City & Stat	te			City & State					6. Election Campaign Financing		\$5	00 1	Jay Do	
23			28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip		Country		Zip Counti			y		8. This corporation owes or has paid the			ar Inta	ngible	
24	25 29				30				Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered							
WE	RNER, RICHA	ARD F				81	Name	e						
2435 LOLA AVENUE							82 Street Address (P.O. Box Number is Not Acceptable)							
LEHIGH ACRES FL 33971									(1.0. Dox Hambel to Not Noop					
						83								
						84	City			FL	85	Zip C	ode	
11. Pursuant	to the provision	ns of Sections 607.0	502 and 607	1508 Florida Statu	ules the a	L. bov	e-name	d corporati	ion submits this statement for th	0.000000	of chance	ina ite	registered	
Office of f	edistered agen	nt, or both, in the Sta , and accept the obt	ito of Fibrida	. Such change wee	authorize	A b	y tha co	orporation's	board of directors. I hereby ac	cept the ap	pointme	nt as re	egistered	
SIGNATURE	Signature, typed or	printed name of registered	ment and title if	accilir ablo /NC	TF Panistar	d An	ont signatur	uru san tirad uda	An reinstaline)	DATE				
Signature, typed or printed name of registered agent and little if applicable (NOTE I  OFFICERS AND DIRECTORS							Registered Agent signature request.  13.		ADDITIONS/CHANGES TO OF		D DIDEC	TODE	INI 12	
TITLE	D			DELETE		1.1 TITLE		1	ADDITIONS/OFFARGES TO OF	TIOLING AN	Cha		Addition	
NAME		RICHARD F			1.2 N							iige	AUGKIUN	
STREET ADDRESS	2435 LOL													
		· · · · · - · · · · · · · · · · · · · ·				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		·						
CITY-ST-ZIP	LENION A	CRES FL 33971		Priett			T-ZIP	<u> </u>						
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NAME					2.2 N									
STREET ADDRESS					2.3 S	TREET	ADDRESS							
CITY-ST-ZIP		<del> </del>		——————————————————————————————————————			ST-ZIP							
TITLE				L.) DELETE		3.1 TITLE					∐ Cha	nge	Addition	
NAME					3.2 N	AME								
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CITY-ST-ZIP					3.4. C	ITY - 9	S1 - ZIP							
TITLE				☐ DELETĒ	4.1 TI	TLE	·				Cha	nge	Addition	
NAME					4.2 N	AME								
STREET ADDRESS					4.3 S	AEET	ADDRESS	ŀ						
CITY-ST-ZIP					4.4 CI	TY-S	T-71P							
TITLE				DELETE	5.1 TI						Chai	nge	Addition	
NAME					5.2 N/	ME							-	
STREET ADDRESS					5.3.81	REFT	ADDRESS	1						
CITY-ST-ZIP					5.4 CI									
TITLE				DELETE	6.1 11		, p.11	<del>                                     </del>			Char	nge	Addition	
NAME					6.2 N/							.g. 1	- radition	
STREET ADDRESS							address							
CITY-ST-ZIP														
14. Lhereby c	erlify that the in	formation supplied	with this filin	a does not qualify f	6.4 CI	mal	inn state	led in Section	on 119.07(3)(i), Florida Statutes	Liudharas	artifu that	the l-	formation	
									all have the same legal effect as by Chapter 607, Florida Statute:					