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

APPROVEU AND FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPGRATION Sandra B. Mortham ANNIVAL REPORT 97 MAY 28 AM 9: 50 Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE DOCUMENT # 1950000 41931 TALLAHASSEE, FLORIDA ORION CARPET CLEANING FIC Principal Place of Business 11605 N.W 2874 ST.
Land Spains H 33065 Mailing Address SAMe 3. Date Incorporated or Qualified 3a. Date of Last Repor 05 204.95 2. Principal Place of Business 2a. Mailing Address Number 0549803 Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes Zip Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANA MULLA 11605 NIW 2874 57 LUAL SPRINGS FL 33065 Street Address (P.O. Box Number is Not Acceptable) 0000002 83 84 City 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 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 recept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.111111 Charge Addition TITLE nesiden Riverby 57 BAULD 1.2 NAME NAME STREET ADDRESS 13 STREET ADDRESS TH. 33055 CITY - ST - ZIP 14 CiTY - \$1 - ZIP DELETE Change 211011 Addition TITLE Secre laa MARIA E 2.2 NAME NAME N.W 282 57 STREET ADDRESS 2.3 STREET ADDRESS 2 4 C(TY - ST - ZIF) CITY-ST-ZIP TITLE 3.1 THE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. C(1Y S1 Z)P DELETE Change 4.1 11111 Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - \$1 - Z)P DELFTE Change TITLE 5.1 TITLE Addition Jr 5/28 NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-S1-ZIP CITY - ST - ZIP DELETE 6111115 Change Addition TITLE

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address. 4-11-87

6.3 STREET ADDRESS

6.2 NAME

14. I do hereby certily that the information supplies with this I ing does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily that the

NAME STREET ADDRESS

SIGNATURE: