**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN$TATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
96 AUG 23 PM 3:07
SECRETARY OF STATE

DOCUMENT # **P95000059990 (8)**

1. Corporation Name
**KING CARPET CARE INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4204 N OCEAN DRIVE STE 5<br>LAUDERDALE BY THE SEA FL 33308 | 4204 N OCEAN DRIVE STE 5<br>LAUDERDALE BY THE SEA FL 33308 |

3. Date Incorporated or Qualified: 08/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2929 NE 49 ST
22 Suite, Apt. #, etc: 16
23 City & State: FORT LAUDERDALE FLORIDA
24 Zip: 33308
25 Country: U.S.A.

2a. Mailing Address
26 2929 NE 49 ST
27 Suite, Apt. #, etc: 16
28 City & State: FORT LAUDERDALE FLORIDA
29 Zip: 33308
30 Country: USA

4. FEI Number: 65-0600305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORAN, LEE
4204 N OCEAN DRIVE STE 5
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name: MORAN LEE
82 Street Address (P.O. Box Number is Not Acceptable): 2929 N.E 49 ST # 16
83 FORT LAUDERDALE
84 City: FLORIDA FL 85 Zip Code: 33308

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | DIRECTOR<br>JASON DESMOND<br>2929 NE 49 ST #16<br>FORT LAUDERDALE FLORIDA 33308 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | 700001[illegible]<br>-08/27/96--U1093--013<br>****225.00 ****225.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this original 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ August 01, 1996 9547722440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number