

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000078111 (8)

1. Corporation Name

CRYSTAL-DRY CARPET AND UPHOLSTERY CLEANING OF PA
LM BEACH, INC.



Principal Place of Business

4047 OKEECHOBEE BLVD.
SUITE 216
W. PALM BEACH FL 33409

Mailing Address

4047 OKEECHOBEE BLVD.
SUITE 216
W. PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

04/05/1996

2. Principal Place of Business

21 4595 Okeechobee Blvd
Suite, Apt. #, etc

22 W. Palm Beach FL
City & State

23 Zip 33407

24 Country Palm Beach

2a. Mailing Address

26 4595 Okeechobee Blvd
Suite, Apt. #, etc

27 W. Palm Beach FL
City & State

28 Zip 33407

29 Country Palm Beach

4. FEI Number

65-0611554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BONFANTE, CHARLES
4047 OKEECHOBEE BLVD.
SUITE 216
W. PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4595 Okeechobee Blvd

84 City

W Palm Beach FL

85 Zip Code

33417

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Charles Bonfante Pres Aug 21, 97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D BONFANTE, CHARLES
STREET ADDRESS 4047 OKEECHOBEE BLVD., W. PALM BEACH
CITY-ST-ZIP W. PALM BEACH FL 33409

TITLE ☐ DELETE

NAME D BONFANTE, ALICE
STREET ADDRESS 4047 OKEECHOBEE BLVD., W. PALM BEACH
CITY-ST-ZIP W. PALM BEACH FL 33409

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 Charles Bonfante Pres Aug 21, 97

CR2E034 (4/97)