

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000086863 (4)

1. Corporation Name

PLATINUM CARPET CLEANING, INC.



Principal Place of Business

5520 GUNN HIGHWAY
APT #504
TAMPA FL 33624

Mailing Address

5520 GUNN HIGHWAY
APT #504
TAMPA FL 33624

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report
NIA

2. Principal Place of Business

2a. Mailing Address

21 5520 GUNN HWY

26 5520 GUNN HWY

4. FEI Number
59-3355942

Applied For
Not Applicable

22 Suite, Apt. #, etc
504

27 Suite, Apt. #, etc
504

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
TAMPA, FLORIDA

28 City & State
TAMPA FLORIDA

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

24 Zip
33624

25 Country
USA

29 Zip
33624

30 Country
USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, NICOLE
5520 GUNN HIGHWAY
APT #504
TAMPA FL 33624

81 Name
NICOLE JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)
5520 GUNN HWY

83 #504

84 City
TAMPA FL 85 Zip Code
33624

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 Nicole Jackson

(NOTE: Registered Agent Signature required at all times.)

5/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE REGISTERED AGENT DELETE
NAME NICOLE JACKSON
STREET ADDRESS 5520 GUNN HWY #504
CITY-ST-ZIP TAMPA, FL 33624

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PRESIDENT DELETE
NAME RAWLE JACKSON
STREET ADDRESS 5520 GUNN HWY #604
CITY-ST-ZIP Tampa FL 33624

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VICE PRESIDENT DELETE
NAME FREDERICK JACKSON
STREET ADDRESS 5520 GUNN HWY #604
CITY-ST-ZIP Tampa, FL 33624

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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: Nicole Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96

DATE

DAYTIME PHONE #

CR2E034 (12/95)