

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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086863 (4)**  
 1. Corporation Name  
**PLATINUM CARPET CLEANING, INC.**



Principal Place of Business <b>33624                  APT. 504                  TAMPA FL 33624                  US</b>	Mailing Address <b>5520 GUNN HIGHWAY                  APT. 504                  TAMPA FL 33624                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 33624</b>	2a. Mailing Address <b>26 5540 TUGHILL DR</b>
Suite, Apt. #, etc. <b>22 5540 TUGHILL DR</b>	Suite, Apt. #, etc. <b>27 N/A</b>
City & State <b>23 TAMPA FL</b>	City & State <b>28 TAMPA FL</b>
Zip <b>24 33624</b>	Country <b>25 USA</b>
Zip <b>29 33624</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>11/09/1995</b>	4. FEI Number <b>59-3355942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**JACKSON, NICOLE  
 5520 GUNN HIGHWAY  
 APT. 504  
 TAMPA FL 33624**

10. Name and Address of New Registered Agent  
**81 Name NICOLE JACKSON  
 82 Street Address (P.O. Box Number is Not Acceptable) 5540 TUGHILL DR  
 83  
 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 **NICOLE JACKSON** 3/16/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>RA</b>	NAME <b>JACKSON, NICOLE</b>	<input type="checkbox"/>
STREET ADDRESS <b>5520 GUNN HWY #504</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>P</b>	NAME <b>JACKSON, RAWLE</b>	<input type="checkbox"/>
STREET ADDRESS <b>5520 GUNN HWY #504</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VP</b>	NAME <b>JACKSON, FREDERICK</b>	<input type="checkbox"/>
STREET ADDRESS <b>5520 GUNN HWY #504</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>REGISTERED AGENT</b>	1.2 NAME <b>NICOLE JACKSON</b>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS <b>5040 TUGHILL DRIVE</b>	1.4 CITY-ST-ZIP <b>TAMPA FL 33624</b>		
2.1 TITLE <b>PRESIDENT</b>	2.2 NAME <b>RAWLE JACKSON</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS <b>5540 TUGHILL DRIVE</b>	2.4 CITY-ST-ZIP <b>TAMPA, FL 33624</b>		
3.1 TITLE <b>VICE PRESIDENT</b>	3.2 NAME <b>FREDERICK JASON JACKSON</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS <b>5540 TUGHILL DRIVE</b>	3.4 CITY-ST-ZIP <b>TAMPA, FL 33624</b>		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I 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: Nicole Jackson **NICOLE JACKSON** 3/16/98 813-265-3107

CR2E034 (10/97)