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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90022 041 ***150.00

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PLATINUM CARPET CLEANING, INC.

Principal Place of Business	Mailing Address					
33624 5540 TUGHILL DR TAMPA FL 33624	5540 TUGHILL DR TAMPA FL 33624 US		DO NOT WRITE IN THIS SPACE			
US			Date Incorporated or Qualifed 11/09/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-3355942	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23 Zip Country 24 25	Zip Country 29 30		This corporation owes the current year li Personal Property Tax.			
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JACKSON, NICOLE 5540 TUGHILL DR TAMPA FL 33624		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
		83				
, ,		84 City	F			
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						

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature requ		
12.	OFFICERS AND DIRECTORS	·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	RA'	DELETE	1.1 TITLE	☐ Chanç	e 🗌 Addition
NAME	JACKSON, NICOLE		1.2 NAME		
STREET ADDRESS	5540 TUGHILL DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE		□ DELETE	2.1 TITLE	☐ Chan	e
NAME	JACKSON, RAWLE		2.2 NAME		
STREET ADDRESS	5540 TUGHILL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2, 4 CITY-ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE	Chang	e 🗌 Addition
NAME	JACKSON, FREDERICK		3.2 NAME		
STREET ADDRESS	5540 TUGHILL DR		3 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Chang	e 🔲 Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- ZIP		
TITLE		☐ DELÉTÉ	5.1 TITLE	Chan	e
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Chan	je 🗌 Addition
NAME		·	6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	s Section 110 07/3Vi) Florida Statutes I further certify that the	- information

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, with all other like empowered.

SIGNATURE: NICKES PRINTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DI

CR2E034 (11/98)