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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P95000088445 (8) DOCUMENT #

1. Corporation Name

SYSTEMATIC CARPET CLEANING & DYE CO.

Principal Place of Business	Mailing Address
4727 28TH AVENUE NORTH ST. PETERSBURG FL 33713	POST OFFICE BOX 60151 ST. PETERSBURG FL 33784



	f Business							
	AVENUE NORTH BURG FL 33713	Post office box St. Petersburg f						
					3. Date incorporated or Qualified 11/17/1995	3a. [	ate of Last F	eport
	ID winess	2a. Mailing Address			4. FEI Number			Applied For
. Principal Plac 1	e of Business	26			.59- 3344644			Not Applicable
Suite, Apt. #, etc. 2		Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additi	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	<b>28</b>	Country		8. This corporation has liability for	intangibi	le tax under s	199.032
4	25	29	30		Florida Statutes May Yes  10. Name and Address of New F			
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New 1			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE					dress (P.O. Box Number is Not Acceptable)			
CORAL	GABLES FL 33134		63					
			84	City			<b>=L</b>  65   2	ip Code
					ration submits this statement for the purify of directors. I hereby accept the app	moose A	f changing its	registered office
familiar with	n, and accept the obligations of, S	i502 and 607,1508, Florida Stati Florida: Such change was author Section 607,0505, Florida Statule						
familiar with	n, and accept the obligations of, a supplier of the supplier o	agrataratus daggisara 1	iS. iOTC Beginned Agent		at eren oon, tahrigi		18	ORS IN 12
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certify that the information indicated on this all oath, that I am an officer or director of this co-appears in Block 12 or Block 3 tchange 1 ual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as it made unde Majorn or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name In an attachment with an address.

SIGNATURE:

NO TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR