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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092124 (3)

VOGUE CARPET & UPHOLSTERY CLEANING, INC.

May 07 1997 8:00am
Secretary of State

FILED

					641/4 JULIE 1864]
Principal Place of Business Mailing Address			*3.*		
13117 JESSICA DR. 13117 JESSICA DR. SPRING HILL FL 34609 8332 US US			12		
			-	3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last Report
n Dalaman II	lace of Business	2a, Mailing Address		1 1/28/1883 4. FEI Number	08/05/1996
i]	Tage of pusiness	26 Walling Address		59-3343970	Applied For Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		SR 75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Stat	[e:	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032.
1	25	29	30		Yes No
	g, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NZALES, LARRY J		81 Name		
6645 RIDGE ROAD			82 Street Ac	dress (P.O. Box Number is Not Acceptab	ole)
PO	RT RICHEY FL 34668		B3		
			84 City		■■ 85 Zip Code
				orporation submits this statement for the pration's board of directors. I hereby accept	
2.	7 <u>z</u>	AND DIRECTORS	E: Registered Agent signature re	ADDITIONS/CHANGES TO OFFIC	
11.6	D	☐ DELETE	1.1 TITLE	•	Change Addition
NME	MCMANUS, KEVIN		1.2 NAME	:	
HEELT ADORESS	13117 JESSICA DR. SPRING HILL		1.3 STREET ADDRESS		
ITY - ST - ZIP	OFMIG TILL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Additi
AME			2.2 NAME		
TREET ADORESS			2 3 STREET ADDRESS		
Tr - ST - 7/P			2. 4 CITY-ST-ZIP		
U		☐ DELETE	3.1 TITLE		☐ Change ☐ Additi
M.E			3.2 NAME		
REEL ADDRESS			3.3 STREET ADDRESS		
TY-S1 7/P 11.6		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Additi
MV.		LJ OLICIE	4.2 NAME		E onengo E room
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AMi			52 NAME		
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HY-SI Zif		T he ere	5.4 CITY-ST-ZIP		1 0k
ILE		☐ DELETE	6.1 TITLE		Change Addition
IAME Toka z adosou ce			6.2 NAME		
TREE FADORESS			6.3 STREET ADDRESS		
DITY-ST ZIP	1		6.4 CITY-ST-ZIP		

4. 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAMO OFFICER OR DIRECTO

4/28 /5

Davtime Phone #