PROFIT CORPORATION ANNUAL REPORT

1999

1. Corpora ion Name



DOCUMENT # P95000092124

VOGUE CARPET & UPHOLSTERY CLEANING, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90081 042 ***150.00

Principal Place of Business Mailing Address 13117 JESSICA DR. 13117 JESSICA DR. SPRING HILL FL 34609 SPRING HILL FL 34609 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 11/29/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principa Place of Business 59-3343970 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation owes the current year intangible Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Wic Wanus GONZALES, LARRY J 82 O. Box Number is Not Acceptable) 6645 RIDGE ROAD lessica **PORT RICHEY FL 34668** 83 Zip Cixde 84 11. Pursuant to the provisions of St ctions 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. MICRIANUS SIGNATURE Registered Agent signature regulired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition □ DELETE 1.1 TITLE Change TITLE MCMANUS, KEVIN 1.2 NAME 13117 JESSICA DR. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE TIT! F 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ OELETE 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition 🗌 DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Addition Change TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ING OFFICER OR DIRECTOR

CR2E034 (11/98