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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014730 (1)

NEW LIFE CARPET CLEANING, INC.

FILED Jan 28 1997 8:00am Secretary of State



| Principal Place | e of Business | Mailing Address | Mailing Address | | | | | | | | |
|--------------------------|---|------------------------------|----------------------|---|-----------------|---|----------------------------------|--------------------------------|-------------|--|--|
| 7305 BAY ST | APT. 6 | 7305 BAY ST., APT. 6 | | | | | | | | | |
| ST. PETE BEAC | CM FL 337 0 6 | ST. PETE BEACH FL 33706-1842 | | | | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 02/13/1996 | 3a. Date | of Last F | Report | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For | | |
| 21 | | 26 | | | | 59 - 336/116 Not Applicable | | | | | |
| Suite Apt. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | ed S8.75 Additional Fee Required | | | | |
| City & Stat 23 | e | City & State | <u> </u> | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip | Gountry | Zıp | Cou | untry | | 8. This corporation has liability for i | ntangible tax | under s | s. 199.032, | | |
| 24 | 25 | 29 | 30 | | | | Yes 🔲 i | | | | |
| | 9. Name and Address of Currer | t Registered Agent | | <u> </u> | | 10. Name and Address of New Re | pistered Age | ent | | | |
| SPR | ING, P. BRANDON | | | 81 N | ame | | | | | | |
| 7305 BAY ST., APT. 6 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | ····· | | |
| ST. I | PETE BEACH FL 33708 | | | L | | | | | | | |
| | | | | 83 | ···· | , , | | | | | |
| | | | | 84 C | ity | | FL ^l | B5 Zip | Code | | |
| SIGNATURE | Signature, Typesfor printed name of registered age OFFICERS AN | nt archive l'applicable (NC | DTE Registere 13. | | gnatur requir | ed when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE ERS AND D | | RS IN 12 | | |
| TITLE | P | DELETE | 1.1 T | ITLE | | | | Change | Additio | | |
| NAME | SPRING, P. BRANDON | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | 7305 BAY ST., APT. 6 | | 1.3 S | TREET ADD | RESS | | | | | | |
| CITY-ST-ZIP | ST. PETE BEACH FL 33706 | | 1.4 0 | ITY-ST-ZI | P | | | | | | |
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| NAME | | | 22 N | AME | | | | | | | |
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| CITY - ST - 7IP | | | | ITY-ST-ZI | | | | | | | |
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| NAME | | | 6.2 N | IAME | | | | | | | |
| STREET ADDRESS | | | 638 | TREET ADD | RESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 C | ITY-ST-ZI | Р | | | | | | |

14. 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 OR PRINTED NA

PRINTED NAME OF SIGNAL OFFIC

P Brendow Spr

1-21-97

813-360-7441

Daytime Phone #