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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secaptary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600023322 (6)
1. Corporation Name
PRO-TECH CARPET AND UPHOLSTERY CLEANING, INC.

APPROVEO

1997 JUL -1 PH 1: 33 SECTATION OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address		I IMBIRADI EIN IMEIN MIRE ANIE NOSTE NOTEL	
15000 WASHINGTON STREET STE 207 PEMBROKE PINES FL 50025	10880 WASHINGTON STREET PEMBROKE PINES FL 33025-		· · · · · · · · · · · · · · · · · · ·	
**.				T
			3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	NOT THE REAL PROPERTY OF THE P	4. FEI Number	Applied for
21	26		65-05623	O 9 Not Applicable
suite, Apt. # etc.	Suite, Apt. #, etc.	ak Courd	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 remorble Pines Fl	28 Charoke	Pines F1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
. Zip Country	72000	Country	8. This corporation has liability for in	
24 3302-0 25 11>/4	29 3000 0 3	0 USA		Yes No
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
PERRIGO, JAMES		81 Name F	PERTIES JAME	د
10680 WASHINGTON STREET STE	207	82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
PEMBROKE PINES FL 33025	في من	235	/ Oak Court	·
		83 Pom	hate Dines	
		84 City	17/C3	85 Zip Code
	:	" " - 	1 33026	FL 2 2 5 5
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above named cor	poration submits this statement for the pr	rpose of changing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	le of Florida. Such change was auligations of, Section 607.0505, Flori	inorized by ine corpora da Statutes.	nion's board of directors. I hereby accep	the appointment as registered
SIGNATURE Signature, typed or printed name of registered a	gent and title if surplicable (NOTE F	Registered Agent signature requ	irod when reinstating)	DATE
	ND DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICE	
TITLE PRESEDENT	DELETE	1.1 TITLE		Change Addition
NAME JAMES PER	£40	1.2 NAME		
STREET ADDRESS 2351 CALL C	7.	1.3 STREET ADDRESS		
CITY-ST-ZIP PEMBROKE PINE	15, FL 33026	1.4 C/TY - ST - 7/P		
TITLE	☐ DELETE	21 IOLE	52 (10 (10 (10 (10 (22 (22 (22 (22 (22 (22 (22 (22 (22 (2	Addition
NAME	• •	2.2 NAME	7000022 -07/08/5	i701041022
STREET ADDRESS		2.3 STREET ADDRESS	****165	.00 ****165.00
City-st-zip		2. 4 CITY - ST - 7IP		
'TITLE	DELETE	3.1 TITLE		Change Addition
NAME	_	3 2 NAME		-
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CHY-ST-ZIP		
TITLE	DELETE	4.1 11/11		Change Addition
NAME	—	4 2 NAME		• -
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 C-TY - ST - ZIP		
CITY-ST-ZIP	☐ DELETE	51 IIILE		Change Addition
:NAME	<u> </u>	5.2 NAME		
		5.3 STREET ADDRESS		
STREET ADDRESS		1		
CITY-ST-ZIP	☐ DELETE	54 CITY - ST - 7IP 61 TITLE		Change 10 Addition
ATITLE	L Diff it			
NAME		6.2 NAME		~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS		6.3 STREET ADDRESS		41"
CITY-ST-ZIP		6.4 CITY - ST - ZIP	d in Coation 110 07/3Vi). Florida Statutos	· · · · · · · · · · · · · · · · · · ·

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 an attachment with an address.