

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

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027180 (4)**

1. Corporation Name

C & B CARPET AND UPHOLSTERY CLEANING, INC.

Principal Place of Business

**711 BUCKMEISTER CIR
ORLANDO FL 32819
US**

Mailing Address

**711 BUCKMEISTER CT
ORLANDO FL 32819
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3373370	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLAIR, CHARLES E
711 BUCKMEISTER CIR
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 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 directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of Registered Agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME BLAIR, CHARLES E	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 711 BUCKMEISTER CIR			1.2 NAME	
CITY-ST-ZIP ORLANDO FL			1.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 NAME	
CITY-ST-ZIP			2.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME	
CITY-ST-ZIP			3.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME	
CITY-ST-ZIP			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

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 corporation or the partner 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 in the attached statement with an address.

SIGNATURE:

Charles Blair

Charles Blair

2-9-98 407-894316

CR2E034 (10/97)