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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033034 (5)

PEPPERMINT CLEANER INC.

**FILED** Apr 24 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 12397 8 O B T 7878 CANYON LAKE CIRCLE ORLANDO FL 32835-8201 ORLANDO FL 32835-8201 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3373163 Not Applicable 21 26 Suite, Apt #, etc. \$8.75 Additional 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 28 23 Žφ Zib Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 7878 CANYON LAKE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835-8201 83 City 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 (NOTF: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change 1 1 TITLE TITLE SHAH, BIPIN R 1.2 NAME NAME 7878 CANYON LAKE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835-8201 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP DEL ETE Change Addition 3 1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TiTL F 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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:

Bireria R Shall ( Por Askel)

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