

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076832 (0)

1. Corporation Name

PALM BEACH CARPET & UPHOLSTERY CARE, INC.



Principal Place of Business

6363-C SEVEN SPRINGS BLVD
LAKE WORTH FL

Mailing Address

6363-C SEVEN SPRINGS BLVD
LAKE WORTH FL 33463-1686

3. Date Incorporated or Qualified

09/13/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 220 N. Country Club Dr.

Suite, Apt. #, etc.

22 1
City & State

23 Atlantis, Florida

Zip

24 33462

Country

25 Palm Beach

2a. Mailing Address

26 220 N. Country Club Dr.

Suite, Apt. #, etc.

27
City & State

28 Atlantis, Florida

Zip

29 33462

Country

30 Palm Beach

4. FEI Number

60-0697526

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes ☐ No

9. Name and Address of Current Registered Agent

WOJTYLKO, JENNIFER
6363-C SEVEN SPRINGS BLVD
LAKE WORTH FL

10. Name and Address of New Registered Agent

81 Name Ellen Hotz
82 Street Address (P.O. Box Number is Not Acceptable)
220 N. Country Club Drive
83
84 City Atlantis FL 85 Zip Code 33462

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 to file if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 17, 97

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME HOTZ, ELLEN
STREET ADDRESS 220 N COUNTY CLUB DR
CITY-ST-ZIP ATLANTIS FL ☐ DELETE

TITLE VTD
NAME WOJTYLKO, JENNIFER
STREET ADDRESS 6363-C SEVEN SPRINGS BLVD
CITY-ST-ZIP LAKE WORTH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President, Treasurer ☐ Change ☒ Addition
1.2 NAME Ellen Hotz
1.3 STREET ADDRESS 220 N. Country Club Drive
1.4 CITY-ST-ZIP Atlantis, FL 33462

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Ellen Hotz, President Feb. 17, 97 (561) 641-3089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)