

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 12 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998   |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS  |   |
|---|--|---|---|
| DOCUMENT # P96000101775 (0)<br>1. Corporation Name<br>LIFT-OFF CARPET CLEANING, INC.  |  |   |   |
| Principal Place of Business<br>12301 GARNI CT<br>ORLANDO FL 32837   |  | Mailing Address<br>12301 GARNI CT<br>ORLANDO FL 32837   |   |
| 2. Principal Place of Business<br>21 12233 Medan St<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Orlando, FL<br>Zip<br>24 32837<br>Country<br>25 USA  |  | 2a. Mailing Address<br>26 12233 Medan St<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Orlando, FL<br>Zip<br>29 32837<br>Country<br>30 USA     |   |
| 9. Name and Address of Current Registered Agent<br>TROMBINO, PETER<br>12301 GARNI CT<br>ORLANDO FL 32837  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSTD<br>TROMBINO, PETER<br>12301 GARNI CT<br>ORLANDO FL 32837<br><input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CVD<br>TROMBINO, AGNES<br>12301 GARNI CT<br>ORLANDO FL 32837<br><input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br>01/01/1997  |  |
| 4. FEI Number<br>59-3415862  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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: *[Signature]* Peter Trombino

300002617399  
-08/17/98--01076--018  
\*\*\*150.00

7/24/98 (407) 850-3295

CR2E034 (5/98)

pyd

**LIFT OFF CARPET CLEANING, INC.  
12233 MEDAN STREET  
ORLANDO, FLORIDA 32837  
(407) 857-3295**

July 24, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: 1998 Profit Corporation Annual Report for Lift-Off Carpet Cleaning, Inc.**

To Whom it may concern;

Enclosed please find \$150.00 Filing Fee.

I received the enclosed form for filing marked "2<sup>nd</sup> Notice - Late Penalty Due".  
Please be advised that I never received a first notice, due to the fact the I had (2) change  
of address' since January 1<sup>st</sup>, 1998.

My new permanent address is 12233 Medan Street, Orlando Florida 32837  
Telephone Number 407 857-3295

If you have any questions or concerns regarding this matter, please feel free to contact me  
at the above number.

Sincerely yours,

  
PETER TROMBINO  
PRESIDENT