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FILED

Feb 11 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 # P96000104105 (7)

1. Corporation Name  
CARE CLEANING, INC.

Principal Place of Business

6243 GRAND CYPRESS CIRCLE  
LAKE WORTH FL 33463

Mailing Address

6243 GRAND CYPRESS CIRCLE  
LAKE WORTH FL 33463-7358



2. Principal Place of Business

21 6243 GRAND CYPRESS CR

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH FL

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 6243 GRAND CYPRESS CR

Suite, Apt. #, etc.

27 City & State

28 LAKE WORTH FL

Zip

29 33463

Country

30 USA

3. Date Incorporated or Qualified

12/23/1996

3a. Date of Last Report

4. FEI Number

65-0715534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

WRIGHT, NANCY  
7274 MICHIGAN ISLE ROAD  
LAKE WORTH FL 33467

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: [Signature] REQUIRED

1-4-97 (561) 968-2359

Date Daytime Phone # 0006836

CR2E034 (9/96)