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).

PROFIT
CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003685 (9)

PROFESSIONAL FURNITURE CARE, INC.

Principal Place of Business Mailing Address

1406 W. NCNAB ROAD FORT LAUDERDALE FL 33309 1406 W. NCNAB ROAD FORT LAUDERDALE FL 3330 FILED
Sep 28 1998 8:00am
Secretary of State



	UALE PL 33309	FORT LAUDERDALE FL 3330	,,	DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 01/14/1997	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
11151	BLOUUT KD	26 U AME		65-0123756	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
13 POYNPAND REACH 1 C 28 Zip Zip Zip 29 29			Country	Trust Fund Contribution L_J Added to Fees 8. This corporation owes or has paid the current year intangible	
			30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	ered Ag ent
	SAN, ELISSA E		81 Name	Same	
	W. NCNAB ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FUR	T LAUDERDALE FL 33309		83 1'/2 1	BLOUNT KD	· · · · · · · · · · · · · · · · · · ·
			84 City Day	m Dain BEACH	FL 85 Zip Code 9
11. Pursuant	to the provisions of sections 607.050	12 and 607.1508, Florida Statutes,	the above-named corpo	pration submits this statement for the purpose	of changing its registered
	regist ere d agent, or both, in the State am f <mark>am</mark> lliar with, and accept the oblig			ion's board of directors. I hereby accept the a	ppoi ntm ent as registered
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if applicable. (NO1)	E: Registered Agent signature req	ulred when reinstating) DA	TE.
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TLE	PRESIDENT	F 7	447/7:5		
	- Haccar)	[_] DELETE	1.1 TITLE		Change Addition
IAME	ELISSA E. HASSAN	[] DELETE	1.1 III.E. 1.2 NAME		Change Addition
IAME TREET ADDRESS	ELISSA E. HASSAN		B		Change Addition
IAME TREET ADDRESS HTY-ST-ZIP	ELISSA E. HASSAN 12357 NW 55 ST. CORAL SPEINGS, FL 330	976	1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ELISSA E. HASSAN		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ELISSA E. HASSAN	976	1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2.1 Title 2.2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ELISSA E. HASSAN	976	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		
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IAME STREET ADDRESS STITY-ST-ZIP STREET ADDRESS STREET ADDRESS STY-ST-ZIP STATE	ELISSA E. HASSAN	776	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
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4. I nereby certify that the information supplied with this hing does not qualify for the exemption stated in section 119.07(3)(d), 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.

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Property Land March 19 1

7/01/98

054-000-0256