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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P9700003685**1. Corporation Name

PROFESS	Sional furniture care,	INC.						
Principal Place	of Business	Mailing Address			I ISBURDI (IB IBAA IBAA IBAA			
1751 BLOUNT RD. 1751 BLOUNT RD.								
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069				DO NOT WRITE IN THIS SPACE				
				-	3. Date Incorporated or Qualifed	E IN TING	OF AUL	
					01/14/1997			
					4. FEI Number		- Ar	plied For
2. Principal Pla	ace of Business	2a. Mailing Address			65-0723756		<del></del>	ot Applicable
21		26 Suite Ant # ata			703 0123130		\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>			equired
22		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State	e	28			Trust Fund Contribution			to Fees
23	Country	Zip	Country		a. This corporation owes the curr	ent year In	tangible	
Zip			10		Personal Property Tax.	•	Yes	□No
24	9. Name and Address of Curren				10. Name and Address of New F	Registered	Agent	
<del></del>	g. (valle did //daisse s. sais		81 Nan	ne				
	san, elissa e   Blount RD.		82 Stre	et Addres	ss (P.O. Box Number is Not Accepta	able)		
	IPANO BEACH FL 33069		83			1. 1. 1. 1. 1.	4月111年	The Carl
							85 Zip	Code
			84 City		÷	Fl	<b>-</b>	
	registered agent, or both, in the State im familiar with, and accept the obligation			o, por autor	when reinstating)	DATE	·	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_\_

STREET ADDRESS

**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

02-18-1999 90060 039 \*\*\*158.75