

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90012 034 ***150.00

DOCUMENT # P97000016710

1. Corporation Name

CHARLEY'S MAGIC CARPET CLEANING COMPANY INC.

Principal Place of Business

3562 QUENTIN AVE.
BOYNTON BEACH FL 33436

Mailing Address

3562 QUENTIN AVE.
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

65-0731250

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5792 Sun Pointe Cir.
Suite, Apt. #, etc.

2a. Mailing Address

26 5792 Sun Pointe Cir.
Suite, Apt. #, etc.

City & State

23 BOYNTON BEACH, FL.

City & State

28 BOYNTON BEACH, FL

24 33437 25 USA

29 33437 30 USA

9. Name and Address of Current Registered Agent

EDMONDS, CHARLES S
3562 QUENTIN AVE.
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name EDMONDS, CHARLES S.
82 Street Address (P.O. Box Number is Not Acceptable)
5792 Sun Pointe Cir.
83
84 City BOYNTON BEACH FL 85 Zip Code 33437

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 CHARLES S. EDMONDS

(NOTE: Registered Agent signature required when reinstating)

1/2/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	EDMONDS C	3562 QUENTIN AVE	BOYNTON BEACH FL 33436	<input type="checkbox"/>
VP	EDMONDS, A M	3562 QUENTIN AVE	BOYNTON BEACH FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

PLEASE NOTE
CORRECTION
TO NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	EDMONDS C	5792 SUN POINTE CIR	BOYNTON BCH FL 33437	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/98 (86)735-0138

CR2E034 (11/98)