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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033511 (1)

NO REGRETS CLEANING, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- 	111 00100 F1 10 0	IIIBI BRIBI DI		
12075-81ST AVENUE. NORTH 12075-81ST AVENUE. NORTH SEMINOLE FL 33772 SEMINOLE FL 33772		RTH			DO NOT WRITE	IN THIS S	PACE		
					3. Date Incorporated or Qualified]
					04/11/1997				j
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		-	pplied For]
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3443728			ot Applicable	1
22 27					5. Certificate of Status Desired			Additional leguired	
City & State City & State					6. Election Campaign Financing			May Be	1
28					Trust Fund Contribution			to Fees	
Zip Country	Zip	<u>}</u> -			8. This corporation owes or has paid the current year Intangible				1
25 25	5 29 30 30 Address of Current Registered Agent			Personal Property Tax due June 30. Yes No					
	Registered Agent		81	Name	10. Name and Address of New Re	Bisteled V	gent		┨
LOHMANN, CHARLES EDWARD									1
12075-81ST AVENUE, NORTH SEMINOLE FL 33772			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			ļ	
OCHMITOLE TE GOTTE			63						1
			84	City			85 Zip	Code	-
				•		FL			
 Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	ll Florida. Such change was a	authorize	d by	the corporation	pration submits this statement for the pon's board of directors. I hereby acceptions	ourpose of o ot the appo	changing i intment as	ts registered registered	Ī
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								
Signature, typed or printed name of registered ugent 12. OFFICERS AND			d Ager	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CONTRACT	DIDECTO	DC IN 12	- [5
TITLE PD OFFICERS AND	DELETE	13. 11.11	TLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	į
	LOHMANN, MARY SUSAN		1.2 NAME			_	_ ,	_	1
STREET ADDRESS 12075-81ST AVENUE, NORTH			1.3 STREET ADDRESS						١
CITY-ST-ZIP SEMINOLE FL 33772	SEMINOLE FL 33772			- ZIP					Ŝ
TITLE VPST			2.1 TITLE			Ţ	Change	Addition]{
NAME LOHMANN, CHARLES EDWAR	D	2 2 N	AME	1					
STREET ADDRESS 12075-81ST AVENUE, NORTH		2.3 \$1	rreet /	ADDRESS					1
CITY-ST-ZIP SEMINOLE FL 33772	Doctor		ITY-S	T - ZIP			7.65	The second	4
TITLE D	☐ DÉLETE	3.1 10				L	Change	Addition	ļ
NAME LOHMANN, CHARLES EDWAR	,	3 2 N/		I DDDDC00					1
	Amening E. S. Compa			ADDRESS I - Zip					ł
TITLE	DELETE	4.1 TI		1-21			Change	Addition	1
NAME		4. 2 N		ł		•			
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	_	4.4 CI	TY-ST	- ZIP					
TITLE	DELETE	5.1 Tr	TLE				Change	Addition	1
NAME		5.2 N/	AME						1
STREET ADDRESS		5351	neet /	ADDRESS					
CITY-ST-ZIP			TY-ST	- ZIP					1
TITLE	☐ DEL ET E	6.1 TI		1		[Change	Addition	l
NAME		6.2 N							
STREET ADDRESS				ADDRESS					1
CITY-ST-ZIP 14. I hereby certify that the information supplied with	this filing does not qualify to		IY-SI empt		Section 119.07(3)(i) Florida Statutes I	further cert	ify that the	e information	$\frac{1}{2}$

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.

lang S. Kolmann, MACY S. Lohmann 813 319-3481