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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham ,

Secretary of State DIVISION OF CORPORATIONS

1998

## **FILED** Mar 30 1998 8:00am Secretary of State

DOCUMENT # P9700092760 (2) 1. Corporation Name SUN RAY'S CARPET & UPHOLSTERY CLEANING OF WEST P ALM BEACH, INC.  Principal Place of Business  Mailing Address									
	CK <b>Cen</b> ter RD. ACH FL 33417			HARWICK CE <b>nte</b> f Lm Beach FL <b>3</b> 3					
W. PALM DE	HUN FL 33417		W. PA	LM BEACH FL 30	417		DO NOT WRITE IN THIS S	PACE	
]							3. Date Incorporated or Qualified		
							10/27/1997		
<b>—</b>	2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0793147	Not Applicab	ole
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	$\dashv$
23			28	- 510.10			Trust Fund Contribution	Added to Fees	
Zip		Country	Zip		Counti	у	8. This corporation owes or has paid the curr		
24	25		29		30		Personal Property Tax due June 30.	Yes No	
	9. Name and	Address of Current	Registere	d Agent			10. Name and Address of New Registered A	gent	
	.D <b>e</b> n, James F				8	Name			
6322 HARWICK CENTER RD.					8:	Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>	$\dashv$
W. PALM BEACH FL 33417					8:				_
					"	1			
					84	City	FL	85 Zip Code	
11. Pursuant	to the provisions	of Sections 607.0502	and 607.15	08. Florida Statu	ites, the abo	re-named corr	poration submits this statement for the purpose of	changing its registere	00
l office or r	registered agent.	or both, in the State on accept the obliga-	of Florida. S	uch change was	authorized b	by the corpora	tion's board of directors. I hereby accept the appo	olntment as registered	
1	arri sarrince Perior, C	ino tooopt the obligo	1010 01, 000	,11017 007 10000, 1	Onou Otatore	23.			Ì
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE:					TE Registered A	gent signature requi	red when reinstating) DATE		f
12.		OFFICERS AND	DIRECTOR	21	13.				12
							ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D ALDEN IA	UEC D		☐ DELETE	1.3 TITLE	.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition	on S
NAME	ALDEN, JAI				1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AND		8
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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.

2/2/98 /561)197,2287