05-01-1999 90028 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DOCUMENT # P98 1. Corporation Name ALL VACUUM WAREHOUSE		
	INC:	
Principal Place of Business	Mailing Address	
3148 DAVIE BLVD. FT. LAUDERDALE FL 33312	3148 DAVIE BLVD. FT. LAUDERDALE FL 33312	!

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Principal Place of Business Mailing Address							
3148 DAVIE BLVD. 3148 DAVIE BLVD. FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312		312			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 01/22/1998	
2. Principal P	lace of Business	2a. Mailing Address	*****			4. FEI Number Applied	d For
21		26			-	65-0805633 Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Requir	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May		
Zip 24	Country 25	Zip 29	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes	νlo
24	9. Name and Address of Currer		100			10. Name and Address of New Registered Agent	
SABIEVA, TODD 3148 DAVIE BLVD. FT. LAUDERDALE FL 33312			81 Name SAICUA TODD 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code				
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	s authonzed	i by the	med corpo corporation	ration submits this statement for the purpose of changing its regin's board of directors. I hereby accept the appointment as registed	stered ered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (N	OTE: Registered	Agent sign	nature required	when reinstating) DATE	
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☐ DELETE	1.1 Π	TLE		☐ Change	Addition
NAME	ME SAIEVA, TODD		1.2 N	1.2 NAME			
STREET ADDRESS 3148 DAVIE BLVD.		1.3 5	1.3 STREET ADDRESS				
			1.4 C	1.4 CITY-ST-ZIP			
TITLE	1	☐ DELETE	2.1 TI	TLE		Change [Addition

2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TILE. 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

SIGNATURE: