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 # P98000079446

1. Corporation Name

DUN RITE CARPET CARE, INC.

Principal Prace of	Busin	8 \$5
11789 SOUTHEAST	55TH	AVENUE

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90043 027 ***158.75

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		Mailing Address					
11789 SOUTHEAST 55TH AVE	NUE	11789 SOUTHEAST 5					
BELLEVIEW FL 34420		BELLEVIEW FL 34420		ŀ	DO NOT WRITE	IN THIS SPACE	
				<u> </u>		111 111 3 37 7132	
				-	3. Date ir corporated or Qualifed		
					<u>09/15/1998</u>		
2. Principa Place of Busines	is	2a. Mailing Address			. FEI Number		Applied For
21 1/7.89 58.50	Tru ALE	26		ļ.	59-3533069	·	Not Applicable
Suite, Apt. #, etc.	214 //4	Suite, Apt. #, etc					5 Additional
⊢		27		:	5. Certificate of Status Desired	144	Required
22		City & State					
City & S ate		- '		1	5. Election Campaign Financing	i i .	0 May Be
23 BELLEVIEW		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		This corporation owes the current		
24 34420 2	MARION	29	30		Personal Property Tax.	Yes	13No
	nd Address of Current	Registered Agent		1	y. Name and Address of New Re	gistere 1 Agent	
			81	Name 7	Lune		
AMERILAWYER				<i>0/0/</i>	HN SHIKENJA		
343 ALMERIA AV	ENLIE		82	Street Address	(P.O. Box Number is Not Acceptable)	e)	
CORAL GABLES							
CONAL GABLES	FE 33 134		83	11.78	9 55 55 TH 1	0115	
			84			- 85 Zi	n Code
	•			City 1351	1811181)	FL °° \$	p Code 34420
11 Purcurant to the provision	or of Sections 607 0502	and 607 1508 Florida S	Statutes the above-	named comorati	on submits this statement for the pu	rpose of changing	its registered
office or registered agen	t, or both, in the State o	Florida. Such change v	vas authorized by the	he corporation's	board of directors. I hereby accept	the app sintment as	regi stered
agent. I am familiar with	and accept the obligation	ns of, Section 607.0505	5, Flc rida Statutes.		on submits this statement for the puboard of directors. I hereby accept	101	~ ˈ
SIGNATURE SIGNATURE	200	unha s	TONAL SHIR	LEMJAMS	Kı <u></u>	20199	<u> </u>
Signature typed or	printed nar ie of registered agent	ind title if applicable.	(NOTE . Registered Agent	signature required whe	n reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITICNS/CHANGES TO OFFI		
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	IOLA IOLALA		12 NAME	1			
l name SHIKENJAI	ISKI. JOHN N						
· · · · · · · · · · · · · · · · · · ·	ISKI, JOHN N ITHEAST 55TH AVENI	i IF	•	ADDRESS			
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STREET ADDRES S 11789 SOU BELLEVIEW	ITHEAST 55TH AVEN		1.3 STREET / 1.4 CITY- ST-				
STREET ADDRES S 11789 SOL	ITHEAST 55TH AVEN	UE	1.3 STREET / 1.4 CITY- ST-			Chang	ne Addition
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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 suppliemental a mual 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: