

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

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**Apr 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S23345 (9)
 1. Corporation Name
A-JET CARPET CLEANERS, INC.



Principal Place of Business 3302 BAYPORT DR. HOLIDAY FL 34691	Mailing Address 3302 BAYPORT DR. HOLIDAY FL 34691-1537
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3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3046664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
LABOMBARD, CLIFTON E.
5157 SILENT LOOP 0 313
NEW PORT RICHEY 34652

10. Name and Address of New Registered Agent
 81. Name
GARY LA BOMBARD
 82. Street Address (P.O. Box Number is Not Acceptable)
3302 BAYPORT DRIVE
 83. City
HOLIDAY
FL 85 Zip Code
34691

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: *Gary M. Labombard (Pres.)* **GARY M. LABOMBARD (Pres.)** 3-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE LABOMBARD, CLIFTON E.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABOMBARD, CLIFTON E.	1.2 NAME
STREET ADDRESS	4048 PASSPORT LN #203	1.3 STREET ADDRESS
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE LABOMBARD, GARY M.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABOMBARD, GARY M.	2.2 NAME
STREET ADDRESS	3302 BAYPORT DR.	2.3 STREET ADDRESS
CITY - ST - ZIP	HOLIDAY FL	2.4 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE LABOMBARD, REGINE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABOMBARD, REGINE	3.2 NAME
STREET ADDRESS	3302 BAYPORT DR.	3.3 STREET ADDRESS
CITY - ST - ZIP	HOLIDAY FL	3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Regine Labombard* **REGINE LABOMBARD** 3-26-97 (813) 843-0252
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2E034 (9/96)