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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S29480

(8)

SPARKLE BRITE CARPET CLEANING AND JANITORIAL SER VICE, INC.

Principal Place of Business 1640 W OAKLAND PARK BOULEVARD Mailing Address

1640 W OAKLAND PARK BOULEVARD

FILED Jan 16 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33311	DERDALE FL 33311 FORT LAUDERDALE FL 33311		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 02/05/1991			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0250705	Not Applicable		
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	29 30	untry		Yes No		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	Agent		
OLMO, DAVID		81 Name				
18353 181ST CIRCLE SOUTH BOCA RATON FL 33498		82 Street Addre	ddress (P.O. Box Number is Not Acceptable)			
		83				
		84 City	FL	85 Zip Code		
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, the a	bove-named corpo	pration submits this statement for the purpose of	changing its registered		

office or n agent. I a SIGNATURE	egistered agent, or both, in the State of Florida. Such chan m familiar with, and accept the obligations of, Section 607.0	ge was authorize 0505, Florida Sta	d by the corpora tutes.	ation's board of direc	fors. I hereby accept t	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/C	HANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	P	LETE 1.1 T	TLE			Change	Additio
NAME	OLMO, DAVID	1.2 N	AME				
STREET ADORESS	18353 181ST CIRCLE SOUTH	1.3 S	TREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33498	1.4 C	TY-ST-ZIP				
TITLE	□ DE	LETE 2.1 TI	TLE			Change	☐ Additio
NAME		2.2 N	AME				
STREET ADDRESS		2.3 S	TREET ADDRESS				
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NAME		5.2 N	AME .				
STREET ADDRESS		5.3 \$1	REET ADDRESS				
CITY-ST-ZIP		5.4 CI	TY-ST-ZIP				
TITLE	DEJ	LETE 6.1 TI	TLE	<u> </u>		Change	Addition
NAME		6.2 N	ME .				
STREET ADDRESS		6.3 \$7	REET ADORESS				
CITY, ST. 7IP		84.01	TV . ST . 71D				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 a state-inment with an address.

SIGNATURE: