


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

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AND  
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98 FEB 11 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S60775** (1)  
1. Corporation Name  
**BEE "DRY" CARPET CLEANERS, INC.**

Principal Place of Business <b>1829 E EDGEWOOD DR LAKELAND FL 33803 US</b>	Mailing Address <b>1829 E EDGEWOOD DR LAKELAND FL 33803 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3829 Progress Drive</b> Suite, Apt. #, etc. 22 <b>Lakeland, FL</b> City & State 23 <b>33811</b> Zip Country <b>Polk</b>		2a. Mailing Address 26 <b>3829 Progress Drive</b> Suite, Apt. #, etc. 27 <b>Lakeland, FL</b> City & State 28 <b>33811</b> Zip Country <b>Polk</b>		3. Date Incorporated or Qualified <b>06/19/1991</b>	
24 <b>33811</b> Zip Country <b>Polk</b>		29 <b>33811</b> Zip Country <b>Polk</b>		4. FEI Number <b>59-3068717</b> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent <b>SABLOTNY-HAUB, KAREN A. 316 OPPITZ LANE LAKELAND FL 33803</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box, Apt. #, etc.) 83 <b>000002429090-0</b> <b>02/12/98 01081-005</b> <b>****115.00 ****115.00</b> 84 City <b>FL</b> 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAUB, N. BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>316 OPPITZ LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABLOTNY-HAUB, KAREN A.</b>	2.2 NAME	
STREET ADDRESS	<b>316 OPPITZ LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>100002427211</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>021197 91732 029</b>
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	<b>200.00 35.00</b>
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	<b>82 2/11/98</b>
CITY-ST-ZIP		6.4 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 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:

*Karen A. Sablotny-Haub*  
**Karen A. Sablotny-Haub**

1-5 08

941-646-3544

CR2E034 (10/97)