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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65984

(4)

FILED	
Apr 28 1997 8:00am	l
Secretary of State	

1. Corporation Name CITY CARPET CLEANERS, INC.  Principal Place of Business SIGN NORTHWEST 33RD MANOR SUNRISE FL 33381  Mailing Address SIGN NORTHWEST 33RD MANOR SUNRISE FL 33391								
	4 NW29 8T	e et e e en	2	AME	3. Date Incorporated or Qualified	38. Date of Last R	Report	
FOR ?	T LAUDERD ALL	2a. Mailing Address			07/15/1991 4. FEI Number	09/05/1996		
	Place of Business	26. Mailing Address			65-0277287	<del></del>	pplied For of Applicable	
Suite, Apt	l #. etc	Suite, Apt. #, etc.				60 75	Additional	
22	- ", •	27			5. Certificate of Status Desired	7	equired	
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Countr	у	B. This corporation has liability for	iptangible tax under s	s. 199.032,	
24	25	29	30		Florida Statutes	Yes No		
	9. Name and Address of Cur	rent Registered Agent	81	Maria	10. Name and Address of New A	egistered Agent		
	LINGTON, DUDLEY		81	Name			<b>\</b>	
	01 NW 33RD MANOR		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
Su	JNRISE FL 33351		63	<del> </del>				
				1				
			84	City		FL 85 Zip	Code	
office or agent I SiGNATURE	registered agent, or both, in the St am familiar with, and accept the ob	late of Florida. Such change was oligations of, Section 607.0505, F	authorized b lorida Statute	by the corporations.	oration submits this statement for the on's board of directors. I hareby acce	ppt the appointment as	registered .	
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO AND DIRECTORS	13.	pent signature require	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	RS IN 12	
THILE	Р	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	ELLINGTON, DUDLEY		1,2 NAME				1	
STREET ADORESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-	ST-ZIP				
TITLE	ST	☐ DELETÉ	2 1 TITLE			☐ Change	Addition 1	
NAME	ELLINGTON, PAULA		2.2 NAME				.[.	
STREET ADDRESS			2.3 STREE	et address				
CITY-ST-ZIP	SUNRISE FL	[Theres	2. 4 CITY-		· · · · · · · · · · · · · · · · · · ·	Change	44464	
Tillf		☐ DELETE	3.1 TITLE	- 1	•	☐ crange	Addition	
NAME OTHER LANGUAGE			3.2 NAME	ET ADDRESS	· ·			
STREET LADORESS			3.4. CHTY	I				
City-SI-ZP Hilt		DELETE	4.1 TITLE			Change	Addition	
NAME		had would	4. 2 NAM					
STHEET ADDRESS				T ADDRESS				
City-ST-ZiP			4.4 CiTY-					
HILE		DELETE	5.1 TITLE			Change	Addition	
NAMÉ			5.2 NAME	.			1	
STREET ADDRESS	\$		5.3 STREE	ET ADDRESS:				
CHY-ST-ZIP			5.4 CITY-	ST-2IP		·		
TITLE	•	DELETE	61 TITLE	. 1		☐ Change	☐ Addition	
NAME			6.2 NAME	l l			ļ	
STREET ADDRESS	S			et address	:			
CITY - \$1 - ZIP	1		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 inchanged upon an attachment with an address.

SIGNATURE:

LINELLE HALLE BONNING OF SIGNING OFFICER OF DIRECTOR

4/21/97 Date

954-733-0321