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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V09540 (8) 1. Corporation Name KANASZKA KARPET KARE, INCORPORATED			
Principal Place of Business 4539 BEACH BLVD #8 JACKSONVILLE FL 32207 US		Mailing Address 4539 BEACH BOULEVARD #8 JACKSONVILLE FL 32207 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent KANASZKA, DAVID M. 134 11TH AVENUE SOUTH JACKSONVILLE BEACH FL 32250		10. Name and Address of New Registered Agent 81 Name 82 Street Address (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 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 _____ DATE _____ (Signature: Island or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KANASZKA, CAROL A. 134 11TH AVENUE SOUTH JACKSONVILLE BCH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	S. Ignos, Stephen F. 8300 S. Old Kings. Rd. Apt. 2 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KANASZKA, DAVID M. 134 11TH AVENUE SOUTH JACKSONVILLE BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registered agent 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 of this report, or on an addition thereto with an address.			
SIGNATURE: 		STEPHEN F. IGNOS (S) 4/30/95 (104)346-6177	