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

P**RO**FIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

# **V37156** 

(9)

ACE-PETNO CARPET CLEANING & SALES, INC.

		Mailing Address  2420 PALMETTO DR. LONGWOOD FL 32779 US			DO NOT WRITE IN TH	
	Place of Business	28. Mailing Address			4. FEI Number	Applied For
21		26		59-3154038	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc. [27]		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	Zip	Countr	у	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
	etno, John		81	Name		
1905 KENTUCKY AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
W	INTER PARK FL 32789		83			
			L			
			84	City	F	85 Zip Code
agent I a SIGNATURE	Signature, typical or printed number of registered a OFFICERS A	agent and title diapplicable (NC			ation's board of directors. I hereby accept the autred when reinstating).  DAT  ADDITIONS/CHANGES TO OFFICERS A	E AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	PETNO, JOHN		1.2 NAME			
STREET ADDRESS	2420 PALMETTO DR. LONGWOOD FL			T ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE 2.1		S1-ZIP		Change Addition
NAME	PETNO, BETTY J.		2.2 NAME	1		
STREET ADDRESS	2420 PALMETTO DR.			1 ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3 1 1/1/1			Change Addition
NAME			3.2 NAME	1	•	
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
NAME		[ ] Pre	4.1 MILE 4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-\$T-ZIP			4.4 CITY-1			
TITLE		☐ DELETE	51 THLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	1 ADDRESS		
CITY-ST-ZIP			54 CITY-	ST-ZIP		
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	corify that the information supplied	with this filling does not qualify	6.4 CiTY-1		n Section 119.07(3)(i), Florida Statutes. I further	r certify that the information
indicated officer or	<b>i on t</b> hi <b>s a</b> nnual report or supplicmen	nta-annual report is t <b>rue and</b> ac sceiver or trusted em <b>powered</b> to	courate and th	nat my signatu	ure shall have the same legal effect as if made quired by Chapter 607, Florida Statutes; and th	under oath; that I am an