

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V52300 (3)**  
1. Corporation Name  
**DRYLUX CARPETING & UPHOLSTERY CLEANING OF PALM B EACH, INC.**

Principal Place of Business: **4047 OKEECHOBEE BLVD. STE. #226 WEST PALM BEACH FL 33409 US**  
Mailing Address: **4047 OKEECHOBEE BLVD. STE. #226 WEST PALM BEACH FL 33409 US**

3. Date Incorporated or Qualified: **07/22/1992**  
3a. Date of Last Report: **04/29/1994**  
4. FEI Number: **65-0351451**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199 (197 Florida Statutes):  Yes  No

2. Principal Place of Business: **4047 Okeechobee Blvd. Suite # 216 West Palm Beach, Fl. 33409 US**  
2a. Mailing Address: **4047 Okeechobee Blvd. Suite 216 West Palm Beach, Fl. 33409 US**

9. Name and Address of Current Registered Agent: **BARRY, SHELVA C 4047 OKEECHOBEE BLVD. STE. #226 WEST PALM BEACH FL 33409**  
10. Name and Address of New Registered Agent: **BARRY, SHELVA C 4047 Okeechobee Blvd Suite # 216 West Palm Beach FL 33409**

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) \_\_\_\_\_ (Registered Agent signature required after consulting) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DP</b>	<b>BARRY, VINCENT</b>	1.1 TITLE: <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BARRY, VINCENT</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	1.2 NAME: <b>BARRY, VINCENT</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	1.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		1.4 CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>	
TITLE: <b>D</b>	<b>CHONTOS, PATRICIA L</b>	2.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CHONTOS, PATRICIA L</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	2.2 NAME: <b>CHONTOS, PATRICIA L</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	2.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		2.4 CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>	
TITLE: <b>DST</b>	<b>BARRY, SHELVA C</b>	3.1 TITLE: <b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BARRY, SHELVA C</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	3.2 NAME: <b>BARRY, SHELVA C</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	3.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		3.4 CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>	
TITLE: <b>V</b>	<b>HOGUE, DALE E</b>	4.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOGUE, DALE E</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	4.2 NAME: <b>HOGUE, DALE E</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	4.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		4.4 CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>	
TITLE: <b>V</b>	<b>CUNDIFF, DERRICK M</b>	5.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CUNDIFF, DERRICK M</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	5.2 NAME: <b>CUNDIFF, DERRICK M</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	5.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		5.4 CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>	
TITLE: <b>V</b>	<b>POWELL, TERESA M</b>	6.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>POWELL, TERESA M</b>	<b>4047 OKEECHOBEE BLVD., #226</b>	6.2 NAME: <b>Cundiff, Teresa M.</b>	
STREET ADDRESS: <b>4047 OKEECHOBEE BLVD., #226</b>	<b>WEST PALM BEACH FL 33409</b>	6.3 STREET ADDRESS: <b>4047 Okeechobee Blvd., #216</b>	
CITY - ST - ZIP: <b>WEST PALM BEACH FL 33409</b>		6.4 CITY - ST - ZIP: <b>West Palm Beach, Fl. 33409</b>	

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)(a), 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 of this report, or on an attachment with an address.

SIGNATURE: Shelvia C Barry, Shelvia C. Barry 4/25/95 407-683-9966  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Telephone Number)