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	ROFIT		FLORIDA DEPART Sandra B.		Apr 01 19		
ANNUA	AL REPORT		Secretary	of State	Secretar	y of St	ate
	997		DIVISION OF CO	DRPORATIONS		2	
DCUM	IENT # F32	2207	(5)				
AGTIME	GAL MAID SERVI	ice, inc.				A 1411 - A 1411 - A 1619 - B 161 - B 1613	
A W CAMINO REAL 1054 W. CAMINO REAL							
A RATON FL	. 33486	BOCA US	RATON FL 33486-549	8 '			
					 Date Incorporated or Qualified 04/24/1981 	3a. Date of Last R 04/09/1996	eport
nncipal Plac	ce of Business	fn	ailing Address		4. FEI Number 59-2097001		plied For
uite, Apt.#,	etc	[™]	uite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State	······································	27 Ci	ty & State		6. Election Campaign Financing		May Be
ημ	Country	28 Zi	p (Country	Trust Fund Contribution 8. This corporation has liability for i	Added ntangible tax under s	
	25 9, Name and Address	29 s of Current Register		30		Yes 🗌 No	,
	RDSON, BARBARA	T		81 Name			
	W CAMINO REAL RATON FL 33486			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
0000				83	······································		
				84 City	·····	FI 85 Zip	Code
office or reg agent I am	istered agent, or both, i familiar with, and accep	in the State of Florida of the obligations of, Se	Such change was au ection 607.0505, Flori	s, the above-named con ithorized by the corpora ida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment as	ts registere registered
ATURE	policie type:lice.printed name of OFF		pplicable (NOTE: DRS	Registered Agent signature requ		DATE CERS AND DIRECTOR	RS IN 12
	prature typed or printed name of	f registered agent and title if ap	opecable (NOTE:	Registered Agent signature requ	red when reinstating)	DATE	RS IN 12
JATURE Signal Signal Si	DP RICHARDSON, BARE 1054 W CAMINO RE	Treplice of agent and life if ap TCERS AND DIRECTO BARA AL	pplicable (NOTE: DRS	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
IATURE Signal Signal Si	Produce Type: Loc product name of OF F DP RICHARDSON, BARE	Treplice of agent and life if ap TCERS AND DIRECTO BARA AL	pplicable (NOTE: DRS	Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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JADURE 590 JADDRESS S1-70P LADDRESS	DP RICHARDSON, BARE 1054 W CAMINO RE	Treplice of agent and life if ap TCERS AND DIRECTO BARA AL	ipicatus (NOTE IRS DELETE	Registered Agent eignature requi 13. 1.1 TI/LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TI/LE 2.2 NAME 2.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
I ADORESS S1-7/P LADORESS S1-7/P LADORESS LADORESS	DP RICHARDSON, BARE 1054 W CAMINO RE	Treplice of agent and life if ap TCERS AND DIRECTO BARA AL	INOTE: INS DELETE DELETE	Registered Agent eignature required 13. 1.1 TI/LE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	red when reinstating)	DATE CERS AND DIRECTOR Change	RS IN 12
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