00004967

TRANSMITTAL LETTER

Divisio	n of Corporations			
SUBJECT:	CLASSY	MAIDS	USA JWC	_

Dear Sir or Madam:

Qualification/fax Lien Section

TO:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM D. OLDAY	
(Name of Person)	J-10-12
CLASSY MAIDS USA INC. (Firm/Company) SIDIDIO -09/19/99	W95-18887 D1587793 501046011
692 JAMESTOWN BLVD #1243 ******70.	UU *****70.00
ALTAMONTE SPRINGS, FL 32714 (City/State/Zip)	DO SECRE
Should you need to call someone concerning this matter, please call:	FILED TARY OF COMP
(Name of Person) at (40.7) 862- (Name of Person) (Area Code & Daytime Telepi	home Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 19, 1995

WILLIAM D. OLDAY CLASSY MAIDS USA, INC. 692 JAMESTOWN BLVD #1243 ALTAMONTE SPRINGS, FL 32714

SUBJECT: CLASSY MAIDS USA, INC. Ref. Number: W95000018887

We have received your document for CLASSY MAIDS USA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 195A00042990

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CLASSY MAINS USA. // (Name of corporation: must include the word "INCORP or abbreviations of like import in language as will clearl person or partnership if not so contained in the name at	ORATED*, "COMPANY", "CORPORATION" or words y indicate that it is a corporation instead of a natural present.)
2. <u>いらくさいらい</u> (State or country under the law of which it is incorporated)	3. 39-1509291 (FEI number, if applicable)
(State of Country ander the law of which it is incorporated)	(PEI number, if applicable)
4. S/4-84 (Date of Incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. PRIOR ACTIVITIES AID NOT CONSTITUTE (Date first transacted business in Florida. (SEE SECTIVITIES MEANING OF LOT, 1 7.	TE THE TRANSACTION OF BUSINESS ON8 607.1501, 607.1502, AND 817.155, F.S.) SOI FS,
P.O. 30x 160879 — ALTAMOM (Current mail)	<u>FE SPRINGS, FL 32716-0879</u> ng address)
8. FRANCHISE SACES (Purpose(s) of corporation authorized in home state or o	
	•
 Name and street address of Florida registered acceptable) 	agent: (P.O. Box or Mail Drop Box NOT
Name: WILLIAM B. OLDA	SECRET VISION
Office Address: 692 JAMEST	وسر <u>ه دره ۴ اد ۲۶</u> هم ادره ه
ALTAMONTE SPRIM	765 , Florida , 327/4 5 34 (Zip Code)
10. Registered agent's acceptance:	(Zip Code) 교육
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I all statutes relative to the proper and complete performed accept the obligations of my position as registered agent. [Registered agent 11. Attached is a certificate of existence duly authen 12. Attached is a certificate of existence duly authen 13. Attached is a certificate of existence duly authen 14. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence duly authen 15. Attached is a certificate of existence	further agree to comply with the provisions of brance of my duties, and I am familiar with red agent.
delivery of this application to the Department of official having custody of corporate records in the	State by the Secretary of State or other

incorporated.

5 A C C C	12. Names and addresses of officers and/or directors: (S. sect address ONLY-P. O. Box	•
	NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable)	
	Chairman:	
	Address: Vice Chairman:	
		-
	Address:	
		-
	Director:	
	Address:	
· · · · · · · · · · · · · · · · · · ·		
	Director:	
·	Address:	
		· · · · · · · · · · · · · · · · · · ·
is, s Nas	B. OFFICERS (Street address only- P. O. Box NOT acceptable)	
	President: WILLIAM K. DLDAY	_ , .
	Address: 329 VILLAGE GREEN LANE WEST	- 10 10 € - 10 10 10
	MADISON WI S3704	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY ST	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT S3704 Vice President: WILLIAM D. OLDAY Address: 692 JAMESTOUR BULD # 1243	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY ST	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT S3704 Vice President: WILLIAM D. OLDAY Address: 692 JAMESTOUR BULD # 1243	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY Address: 692 JAMESTOWN BULD # 1243 ALTAMONTE SPRINGS, FL 32714	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY Address: 692 TAMESTOWN BULD # 1243 ALTAMONTE SPRINGS, FL 32714 Secretary:	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY Address: 692 TAMESTOWN BULD # 1243 ALTAMONTE SPRINGS, FL 32714 Secretary:	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY Address: 692 TAMESTOWN BLVD # 1243 ALTAMONTE SPRINGS, FL 32714 Secretary: Address:	
	Address: 329 VILLAGE GREEN LANE WEST MADISON, WIT 53704 Vice President: WILLIAM D. OLDAY Address: 692 TAMESTOWN BLVD # 1243 AUTAMONTE SPRINGS, FL 32714 Secretary: Address:	

Form 31-A Chapter 180 & 181 Secretary of State WISCONSIN 3/84

United States of America

State of Wisconsin

OFFICE OF THE SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greeting:

I. DOUGLAS LA FOLLETTE, Secretary of State of the State of Wisconsin, do hereby certify that

CLASSY MAIDS U.S.A., INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is AUGUST 14, 1984.

SECRETARY DE STATE
DIVISION OF COMMON ATION
95 OCT 12 AN IO: 10

I further certify that said corporation has, during its most recently completed report year, filed with this office an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at Madison, on OCTOBER 4, 1995.

Doughs Little

DOUGLAS LA FOLLETTE Secretary of State

BY: Patte Weber

The above certificate contains the statements prescribed by the Wisconsin Business Corporation Law for a certificate of status. Under current law, the status of a corporation is not described in terms of "good" or "bad" standing.

L.

PROFIT CORPORATION ANI - IAL REPORT

1996

ALTAMONTE SPRINGS FL 32718-0879



FLORIDA DEPARTMENT OF STATE
Sandra B, Mortham
Socretary of State

DIVISION OF CORPORATIONS

PO BOX 160879 ALTAMORTE SPRINGS FL 32716-0879

DOCUMENT # 1. Corporation Name

Principal Place of Business

PO BOX 180879

F95000004967 (4)

Mailing Address

CLASSY MAIDS U.S.A., INC.

APPROVED AND FILED

4

96 NOV -4 PH 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NSTATEMENT OF

						3. Date incorporated or Qualified 3e.	Date of Last Report
2. Principal P	iace of Business	2a. Mailing Address				4. FEI Number	
21		28				39-1509291	Applied For
Suite, Apl.	#, etc.	Suite, Apt, #, etc.					Not Applicable
22		27				5. Certificate of Status Desired	\$6.75 Additional Fee Required
City & Stat	Ð	City & State		-		A Starties Compains Starties	
23		28	* •			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζip	Country	Zip	Cou	ntry		This corporation has liability for intangit	
24	25	29	30	,		Florida Statutes Yes N	Die talk under si 199,032,
	g, Name and Address of Curren	Registered Agent	1321			10. Name and Address of New Regists	
				81	Name		
OLDAY	, WILLIAM D						
	MESTOWN BLVD #1243			82	Street Address	as (P.O. Box Number is Not Acceptable)	
	ONTE SPRINGS FL 32714			83			
,			i		<u> </u>	<u></u>	
				34	City		BS Zip Code
11. Pursuant	to the crovisions of Sections 607 0502	and 607 1609 Florida Cratido	450.55				Planta de la Artica de la Artica
or register	ed agent, or both, in the State of Florid	a. Such change was authorized	by the c	COLDC	amed corporation's board (ion submits this statement for the purpose of directors. I hereby accept the appointmen	f changing its registered office
		on 607.0505, Florida Statutes,	History	1			
SIGNATURE .	Styrustrie, hypoxi or previous name of regretated against	e day	1 6 4 6		<u>er fly kelydir.</u>	<u> - 1.5 - 10 British 927.29</u>	
12.	OFFICERS AND			Agent	promitte recipied wi		E en la la region des e
TITLE	P	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	
HAME	OLDAY, WILLIAM K		4 100			소리 이번에 되다는 경기 없었다.	Change
STREET ADDRESS	329 VILLAGE GREEN LIN W		12 NA				
CITY-ST-ZIP	MADISON WI 53704					7 OAK STREET	
TITLE	V	☐ DELETE	1.4 CIT		-219	MANA WI SATE	
NAME	OLDAY, WELLAM D	☐ DETEIE	2.1 111	-			Change Addition
STREET ADDRESS	692 JAMESTOWN BLVD #12		2.2 NA			소설이 반대한 화고를 되었다.	
	ALTAMONTE COMMO EL CO	N 744	2.3 ST	REETA	DORESS	60000199	C07C0
CITY+ST-ZIP TITLE	ALTAMONTE SPRINGS FL 32		2.4 CIT		-7/2		
KAME		☐ DELETE	3.1 717			11/05/96 ****150.0	Line Applica
			32110	I,IE		777130.0	n <u>**</u> **120.00
STREET ADDRESS			33.51	REET /	NDORESS		
CITY-ST-ZIP			3.4 CIT	Y-51-	ZIP		中心中心的特別的情報
		☐ DELETE	4.170	Œ	7	600001996	-01193005
NAME		-	42 NA	ME		-11/05/96	-01193005
STREET ADDRESS			43 STR	EET A	DORESS	****225.00) ****225.00
CITY-ST-ZIP	·····		4.4 CIT	Y-ST-	ZIP	<u>्राप्त । अस्ति । विश्वप्रा</u> क्षेत्रके वर्षे	
TIPLE		☐ DELETE	5.1717	LE		1.4 E.E.A. SHOWN P. L.D.	Change Addition
NAME			52 NW	AE .			
STREET ADDRESS			33 STR	EET A	DORESS		
CITY-ST-ZIP		<u> </u>	5.4 Cm	Y-51-	ZIP		
TITLE	-	☐ DELETE	6. 1 TIT		- 1 Y.W	alian de la companya	☐ Change ☐ Addition
NAME			62 NA	Æ :			
STREET ADDRESS	Salar Sa		6.3 STR	EET AL	DORESS		
ITY-ST-ZIP			6.4 City				
	and the second s						and the state of t

4. 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)(d). 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 cath; 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 if changed, or on an attachment with an address.

IGNATURE

SOMATURE AND TYPED ON PRINTED HAME OF SOME PROCESS OF DIRECT

9-1-96 407-362-0493