

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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000004967 (4)
1. Corporation Name
CLASSY MAIDS U.S.A., INC.



Principal Place of Business: PO-BOX 160879, ALTAMONTE SPRINGS, FL 32716-0879

Mailing Address: PO-BOX 160879, ALTAMONTE SPRINGS, FL 32716-0879
2601 OLD CAMDEN SQUARE #306, MADISON, WI 53718

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 Suite, Apt #, etc	10/12/1995	39-1509291	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Zip	28 Zip	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
24 Country	29 Country	<input type="checkbox"/>	5.00 May Be Added to Fees	
25	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLDAY, WILLIAM D 692 JAMESTOWN BLVD #1243 ALTAMONTE SPRINGS, FL 32714 POB 160879 ALTAMONTE SPRINGS, FL 32716	81 Name ROBERT O'REILLY 82 Street Address (P.O. Box Number is Not Acceptable) 3105 ALBERT STREET 83 84 City ORLANDO FL 85 Zip Code 32806

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: *William D. Olday* (Registered Agent signature is required when reinstating) DATE: 6/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDAY, WILLIAM K	1.2 NAME	
STREET ADDRESS	237 OAK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53704	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDAY, WILLIAM D	2.2 NAME	
STREET ADDRESS	692 JAMESTOWN BLVD #1243	2.3 STREET ADDRESS	2601 OLD CAMDEN SQUARE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	#306 MADISON, WI 53718
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	0000025704583
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-06/24/98-01005--016 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *L. Jell* DATE: 6-15-98

CR2E034 (10/97)