

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

PROFIT CORPORATION ANNUAL REPORT .1997



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

FILED

97 AUG 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K22718

1. Corporation Name
Little Dutch Girl Maid Services Inc.

Principal Place of Business Mailing Address
1005 W. Busch Blvd. 1005 W Busch Blvd
104 B # 104 B
Tampa, FL 33612 Tampa, FL 33612

3. Date Incorporated or Qualified 5/02/1988 3a. Date of Last Report 8/02/1996

2. Principal Place of Business 2b. Mailing Address
21 1005 W Busch Blvd 26 1005 W. Busch Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 104 B 27 # 104 B
City & State City & State
23 Tampa, FL 28 Tampa, FL
Zip Country Zip Country
24 33612 25 US 29 33612 30 US

4. FEI Number 59-2890930 Applied For Not Applicable
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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Brett S Swaites
466 N. Manor Rd.
Elverson, Pa. 19520~~

81 Name Delores Sheridan
82 Street Address (P.O. Box Number is Not Acceptable) 9032 Nautilus Cir.
83
84 City Tampa, FL 85 Zip Code 33635

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 ~~Brett S Swaites~~ Delores S. Sheridan, Delores S. Sheridan, V.P. 8/11/97
Signature (Typed or printed name of registered agent and the applicant) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Brett S. Swaites	
STREET ADDRESS	1005 W. Busch Blvd #104 B	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Secretary - Treas.	<input type="checkbox"/> DELETE
NAME	CAROL A. Swaites	
STREET ADDRESS	1005 W. Busch Blvd # 104 B	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Delores Sheridan	
STREET ADDRESS	9032 Nautilus Cir	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002272180--7
1.4 CITY-ST-ZIP	-08/20/97--01058--012
2.1 TITLE	***165.00 <input type="checkbox"/> Change ***165.00 <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Carol A Swaites CAROL A. Swaites 5/27/97 610-286-3735
Signature (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (9/96)