

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K62367** (3)

1. Corporation Name
AMY'S CLEANING SERVICES, INC.



Principal Place of Business Mailing Address
7984 N.W. 1ST COURT MARGATE FL 33063

3. Date Incorporated or Qualified 01/23/1989	3a. Date of Last Report 04/11/1995
4. FEI Number 65-0100228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. Mailing Address Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
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9. Name and Address of Current Registered Agent PUECHNER, JOSEF 7984 N.W. 1ST COURT MARGATE FL 33063						10. Name and Address of New Registered Agent					
81. Name						82. Street Address (P.O. Box Number is Not Acceptable)					
83.						84. City					
						FL		85. Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		12 NAME	
NAME	PUECHNER, JOSEF	12 NAME		STREET ADDRESS		13 STREET ADDRESS	
STREET ADDRESS	7984 N.W. 1ST CT. MARGATE FL	14 CITY - ST - ZIP		CITY - ST - ZIP		2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		2. 2 NAME		2. 2 NAME		2. 3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	2. 3 STREET ADDRESS		2. 4 CITY - ST - ZIP		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUECHNER, AMY G.	3. 2 NAME		3. 2 NAME		3. 3 STREET ADDRESS	
STREET ADDRESS	7984 N.W. 1ST CT. MARGATE FL	3. 4 CITY - ST - ZIP		3. 4 CITY - ST - ZIP		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4. 2 NAME		4. 2 NAME		4. 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4. 3 STREET ADDRESS		4. 4 CITY - ST - ZIP		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME		5. 2 NAME		5. 3 STREET ADDRESS	
STREET ADDRESS		5. 3 STREET ADDRESS		5. 4 CITY - ST - ZIP		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		6. 2 NAME		6. 2 NAME		6. 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6. 3 STREET ADDRESS		6. 4 CITY - ST - ZIP		6. 4 CITY - ST - ZIP	
NAME		6. 4 CITY - ST - ZIP					
STREET ADDRESS							
CITY - ST - ZIP							

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)(k), 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: *Josef Puchner* **JOSEF PUECHNER** 3-2-96 305 971 6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)