

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L80182**

**(3)**

1. Corporation Name

**HOMEMAID TEAM CLEANING, INC.**

Principal Place of Business

**1800 FOREST HILL BLVD.  
SUITE A7  
WEST PALM BEACH FL 33408**

Mailing Address

**1800 FOREST HILL BLVD.  
SUITE A7  
WEST PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/07/1990**

3a. Date of Last Report

**10/07/1994**

4. FEI Number

**65-0203038**

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**

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

**21 3550 23rd Ave. So.**

2a. Mailing Address

**26 P.O. Box 17689**

Suite, Apt. #, etc.

**22 Ste. 2 + 3**

Suite, Apt. #, etc.

City & State

**28 West Palm Beach**

City & State

**23 Lake Worth**

Zip

**24 33461**

Country

**25**

Zip

**29 33416**

Country

**30**

9. Name and Address of Current Registered Agent

**WHALEN, TIMOTHY  
400 AUSTRALIAN AVENUE SOUTH  
SUITE 850  
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
**P**  
NAME  
**GOLDSTEIN, GARY**  
STREET ADDRESS  
**1800 FOREST HILL BLVD.**  
CITY - ST - ZIP  
**WEST PALM BEACH FL 33408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is truthfully furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 person or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an additional page if an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #