File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** L9400000633 DANA'S HOUSEKEEPING PERSONNEL SERVICE OF T 1a. Principal Place of Business Address AMPA BAY, L.C. 107 MARSHALL ST 107 MARSHALL ST SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 406 S. ALCTURAS AUC. Suite, Apr. N. etc. 11/23/1994 4. FEI Number Suite, Apt. #, etc. sourl FI Applied For City & State City & State Not Applicable 59-3279510 5. Date of Last Report CLE ALWATER 6. Certificate of Status Desired Country PWELLAS \$8.75 Additional Fee Required 33765 03/27/1997.

B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent BROOKS, J. HENRY Street Address (P.O. Box Number is Not Acceptable)

DDDDD2498510--3 107 MARSHALL ST SAFETY HARBOR FL 34695 94/23/98 - 01116 - 016 Suite, Apt. #, etc. ****188.75 ****188.7S Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM BROOKS, J. HENRY 107 MARSHALL ST SAFETY HARBOR FL MGRM BROOKS, DARLENE L 107 MARSHALL ST SAFETY HARBOR FL

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11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

ATTEMPT OF PROTECT ON NAME OF SIGNING MANAGING MEMBER OR MANAG

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