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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

	AY HYGIENIC SERVICE, II				
Principal Place	of Business	Mailing Address		F EMBLEMEN SIDE INSIDE OF THE VIDEO THE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI	0 (810 A 101) GLAST MICH MICH BIRST (20)
C/O DIANE ON	YENS	C/O DIANE OWENS			
501 AMY ST. LYNN HAVEN FL 32444		501 AMY ST. Lynn haven fl 32444		DO NOT WRITE IN THIS SPACE	
		FIRM INVERT IF SEASS	CHAIL MATERIA OF ACTION		3. Date Incorporated or Qualified
				08/02/1988	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>श्री  ४।३।</u>	Louise DR.		ourse Do	59-2910046	Not Applicabl
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City & State			Fee Required
1800 C [85			15 6	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 3 out 1 P	Country	This corporation owes or has paid	
24 3240		20 32409	30 73	Personal Property Tax due June 3	
	9. Name and Address of Curn			10. Name and Address of New Reg	
LYNI	N HAVEN FL 32444		83 84 City	brog illua	FL 85 Zip Code 9
11. Pursuant to office or re	o the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statulito of Florida, Such change was a	es, the above-named co authorized by the corpo	orporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I an SIGNATURE	n familiar with, and accept the obli	igations of, Section 607.0505, FR	orida Statutes.		rpose of changing its registered the appointment as registered
agent. I an SIGNATURE	n familiar with, and accept the obli- Signature, typed or printed name of registered a	igations of, Section 607.0505, FR	es, the above-named or authorized by the corpo orida Statutes.  E. Registered Agent signature re		DATE
agent. I an	n familiar with, and accept the obli- Signature, typed or printed name of registered a	rigations of, Section 607.0505, FIG.	Orida Statutes.  £ Registered Agent signature re	quired when reinslating)	DATE
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of the corporation of supplemental annual report is true and that my signature shall have the same legal effect as it made under dath; that I am a 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 the changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 29 1998 8:00am

Secretary of State