FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015632 (0)**

1. Corporation Name

MAGIC TOUCH MAID SERVICE, INC.

Principal Place of Business	Mailing Address
10151 UNIVERSITY BLVD NO 183 ORLANDO FL 32817	10151 UNIVERSITY BLVD NO 183 ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3637 Percival Rd.	2a. Mailing Address 26 3637 Percival Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Fl	City & State 28 Orlando, Fl
Zip / Country 24 32826 / 25	Zip / Country 29 32826 / 30

4. FEI Number: 59-3232887 ☐ 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
MARANT, ROBERT D 2942 RISSER AVENUE ORLANDO FL 32812	81 Name: Robert D Marant 82 Street Address (P.O. Box Number is Not Acceptable): 3637 Percival Rd 83 84 City: Orlando FL 85 Zip Code: 32826

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: R. D. Marant — Robert D. Marant (Vice President) — DATE: 4/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	MARANT, SANDRA A	12 NAME		
STREET ADDRESS	2942 RISSER AVE	13 STREET ADDRESS	3637 Percival Rd.	
CITY-ST-ZIP	ORLANDO FL 32812	14 CITY-ST-ZIP	Orlando, Fl 32826	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MARANT, ROBERT D	22 NAME		
STREET ADDRESS	2942 RISSER AVE	23 STREET ADDRESS	3637 Percival Rd.	
CITY-ST-ZIP	ORLANDO FL 32812	24 CITY-ST-ZIP	Orlando, Fl 32826	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: R. D. Marant — Robert D. Marant — Vice President Director — 4/22/95 (401) 6
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone