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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortnam Secretary of State

4	DIVISION OF CORPORATIONS				
DOCUN 1. Corporation	MENT # P9400	0015632 (0)			
MAGIC TOUCH MAID SERVICE, INC.					

Principal Piace		Mailing Address			
3637 PERCI NO 183	VAL ROAD	3637 PRCIVAL ROAD NO 183			
ORLANDO FL 32826 OR		ORLANDO FL 32826		3. Date Incorporated or Qualified	3a. Date of Last Report
U\$		US ;		02/23/1994	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3637	Percival Rd.	26 3637 Perciv	al Rd.	59-3232887	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		A. Flanta A. analas Financias	— Fee Hequired
City & State		City & State 28 Orlando, T	-1 .	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Orlan Zip	Country	Zip	Country	8. This corporation has liability for i	
24 3282			30 U.S.A	Florida Statutes	
	9. Name and Address of Current	Registered Agent	Tall 1	10. Name and Address of New R	egistered Agent
			81 Name San	idva A. Marant	-
MANATI, NODELLI D				ss (P.O. Box Number is Not Acceptab	le)
3637 PERCIVAL ROAD 3637 110 STANDO FL 32826 83				reicival ko.	4. ALAKUMBE - ALIVER
OnDair	DO 1 E 32020				[05] 7. O. do
	1		84 City Ov	ando	FL 85 Zip Code よら
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					
or registere familiar with	nd agent, or doth, in the State of Fioritia h, and accept the obligations of Section	n 607. q 505, Florida Statut es .	by the corporation's board		/// a 2 / a /
SIGNATURE _	Jandia a Mon		dra A. Ma	irant (President)	9/21/96 DAYE
12.	Signature typed or printed name of registered agent a OFFICERS AND		Registered Agent signature required:	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1 1 TITLE	A SAME TO A SAME	Change Addition
NAME	MARANT, SANDRA A		1.2 NAME		
STREET ADDRESS	3637 PERCIVAL ROAD		13 STREET ADDRESS		
CITY+S1+ZIP	ORLANDO FL		1.4 CITY- ST-ZIP	v.w.nv	FT Observe FT Addition
TITLE	D MADANT DODGOT D	DELETE	2 1 TITLE		Change C Addition
NAME	Marant, Robert D 3637 Percival Road		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY+ST+ZIP	ORLANDO FL		24 CITY-ST-ZIP		
TITLE	VIII 1170 1 1	☐ DELETE	3 1 TITLE	N. 42 M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ Change ☐ Addition
NAME			3.2 NAME		
STREEL ADDRESS			3.3 STREET ACCRESS		
CITY - ST - 7IP		production of the second	3.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS City-St-ZIP			4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE		DELETE	5. 1 TITLE		Change Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		T Overes T Add 2
TITLE	;	☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CHY-ST-ZIP	cortify that the information supplied w	Ith this filing is voluntarily furnish		r the exemption stated in Section 119.	07/3)(k), Florida Statutes, I further

I do horeby 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.

GNATURE:

STATURE AND TYPED OR PAINTED NAME OF SUMMY OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Displace

Date

Date SIGNATURE: