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

PROFIT
CORPORATION
ANNUAL REPORT

5. 9 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027330 (6)

MAID CONNECTION INC.

Principal Place of Business

Mailing Address

FILED May 20 1997 8:00am Secretary of State



rinicipal riace of business			IVIC	Mailing Mooress				ı				
9081 SW 181 TERRACE MIAMI FL 33157			9061 SW 181 TERRACE MIAMI FL 33157-5839									
								· ·			ale of Last Report /14/1996	
2. Principal Place of Business			2a.	Mailing Address		i		4.	FET Number		·	pplied For
21			26			; ;			65-0569457	· · · · · · · · · · · · · · · · · · ·		lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
22 City & State			27	City & State		ļ						lequired
23			28			•			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Cou	nlry	40]	Zip _		puntry			This corporation has liability for		··	
24	25		29	• • •	30	:		I .	· · · · · · · · · · · · · · · · · · ·		□ No	5. 195.032,
		dress of Current R		tered Agent	1571				Name and Address of New Re			
DUR	ANZA-SWEENEY,	DORIS				81	Name			·		
	1 SW 181 TERRAC					82	Stroot A	Address (P	O. Box Number is Not Acceptab	Ja)		
	MI FL 33157			4			Olicot 7					
						83			·····			
						84	City				85 Zip	Code
						11.	,			Fl	_ `	
11. Pursuant t	to th e provisions of S egi ster ed agent, or b m familiar with, and s	ections 607.0502 are oth, in the State of I	nd 60 Floric	07.1508, Florida Stati da. Such change was L. Section 607.0505, I	utes, the s authori Florida S	above led by	e-named of the corpo	corporation poration's b	n submits this statement for the popular of directors. I hereby acceptions	ourpose of the ap	of changing pointment a	its registered s registered
SIGNATURE	iti tariinta telej, alla t	looope me omgano		, 000001 007.0000, 1	i iojieca e	Janus.	,,					
SIGNATURE .	Signature, typed or printed r				Off Regist	lered Age	nt signature r	required when		DATE		
12.		OFFICERS AND D	IRE C			3.	· · · · · · · · · · · · · · · ·	<u>A</u>	DDITIONS/CHANGES TO OFFIC	CERS AN		
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NAME	SWEENEY, DOR 9081 SW 181 TE					2 NAME		ı				
STREET ADDRESS	MIAMI FL 33157						ADDRESS					
CITY-ST-ZIP TITLE	MINMI PL 3310/			DELETE		4 CHY-S 1 THEF	1 - ZIF				Change	Addition
NAME				C) Officer		2 NAME					L_1 Change	Addition
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NAME				•		2 NAME			0.4		222	
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NAME	li:				5.	2 NAME						
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CITY-ST-ZIP					*** * ****	4 CITY - S	1 - 710			····		
TITLE				DETETE	6.	1 1111.6					☐ Change	Addition
NAME					6.	2 NAME						
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4. I do 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 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 to changed, or on an attachment with an address.