SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

FILED Aug 22 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997

· ·	MENT # P9500 Hungry women cleanin	• •			
Principal Place of Business Mailing Address		Mailing Address			
210 DAVIS ROAD DELRAY BEACH FL 33445		210 DAVIS ROAD DELRAY BEACH FL 33449	5	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
					06/27/1996
2. Principal P	lace of Business	2a. Mailing Address		04/17/1995 4. FEI Number	Applied For
21		26		65-0580514	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	— · — ·)
24	25 9, Name and Address of Curre		30	Personal Property Tax due June 10. Name and Address of New Re	
		ii Hegistered Agent	81 Name	10. Hambara Abaraba ar rear	giotorea rigorit
GARDENHIRE, JOYCE 210 DAVIS ROAD				(5.6.1)	
DELRAY BEACH FL 33445			82 Street Add	dress (P.O. Box Number is Not Acceptab	ne)
	EIVI DENOTTE COTTO		83		
			84 City		85 Zip Code
			' '		
office or r agent. I a SIGNATURE	Storative typed or printed Jame of Ingretered ag	/ /	uthorized by the corporated Statutes. Registered Agent signature req	rporation submits this statement for the pation's board of directors. I hereby acception when reinstalling. ADDITIONS/CHANGES TO OFFICE	OA)
TITLE	PD	DELETE	1.1 TOTLE	7,557,757,676,777,776,676,777	☐ Change ☐ Addition
NAME	GARDENHIRE, JOYCE	-	1.2 NAME		
STREET ADDRESS	210 DAVIS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY - ST - ZIP		
TITLE	VSTD	[_] DELETE	2.1 TOLE		Change Addition
NAME	SWEET, MILDRED		2.2 NAME		
STREET ADDRESS	463 LANCESTER STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33487	DELETE	2 4 City-St-7IP 3.1 Title		Change Addition
TITLE			3.2 NAME		Onlings
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4. CITY - ST - ZIP		· ·
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY~ST~ZIP		
TITLE	i -	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		I Delete	5.3 STREET ADDRESS 5.4 City-St-Zip		Chappe Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title		☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-7IP 6.1 TITLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETÉ	5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title		☐ Change ☐ Addition

14. 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 mame appears in Block 12 of Block 13 if changing, open an attachment with an address.