

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000045676 (0)

1. Corporation Name

LINDA GOMES CLEANING & MAINTENANCE, INC.



Principal Place of Business

2371 S.W. MOUNTWELL ST.
PORT ST. LUCIE FL 34984

Mailing Address

2371 S.W. MOUNTWELL ST.
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified

06/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 1566 COLCHESTER CIRCLE SE

2a. Mailing Address

26 1566 COLCHESTER CIRCLE SE

4. FEI Number

650588882

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 PORT ST. LUCIE, FL

28 PORT ST. LUCIE, FL

Trust Fund Contribution

24 Zip 34952

29 Zip 34952

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD

NAME GOMES, LINDA G
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V

NAME GOMES, KARL D
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE V

NAME ZIMMERMAN, ANN E
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE V

NAME HORVATH, JODI A
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE V

NAME GOMES, JAIME L
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V

NAME ZIMMERMAN, KEITH M
STREET ADDRESS 2371 S.W. MOUNTWELL ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34984

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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.

SIGNATURE

Sandra J. Jones Linda G. Gomes

4/14/96

407-335-1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)