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

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050688 (7)

AMERICAN MAID OF SOUTH FLORIDA, INC.

FILED 97 SEP 15 AM 9: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	e of Business	Mailing Address	Mailing Address		1 10011201 110 10103 21111 00111 00111	
7080 LONGBO	AT DRIVE NORTH	7080 LONGBOAT DRIVE NORTH				
LONGBOAT KEY FL 34228		LONGBOAT KEY FL 34228		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last Report
					. '	· I
9 Dringing D	lace of Business	2a. Mailing Address		06/28/1995 4. FEI Number	05/01/1996 Applied For	
21		26			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0590825	60.75	
22	# , 610.	27		5. Certificate of Status Desired	Fee Required	
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has pa	d the current year Intangible	
24	25		30		Personal Property Tax due June	
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent
MEV	YERHOLZ, CYNTHIA		81	Name		
	O LONGBOAT DRIVE NORTH		82	Stroot Add	Iress (P.O. Box Number is Not Acceptab	
	IGBOAT KEY FL 34228		02	Silber Add	iless (1 .O. Dox Mullibel 15 Not Acceptab	(6)
	1000/11 NET TE OTEED		83	1		
			84	City		85 Zip Code
				<u> </u>		FL 65 240 COOR
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						
				Flogistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OF FICE RS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
						C onlings C Addition
NAME	STRAIN, CHARLES		1.2 NAME			
STREET ADDRESS	7080 LONGBOAT DR. NO.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY - ST - ZIP 2.1 TITLE			Change Addition
TITLE			2.2 NAME			C Cutado C FOSTION
NAME						
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	- 	DELETE	2.4 City- 3.1 Title	SI-ZIP	······································	Change Addition
TITLE 4						En commy En Modellon
NAME .			3.2 NAME	T ADDDESS		
STREET ADOPTESS				I ADDRESS		
CITY-ST-3P		DELETE	3.4. CITY- 4.1 TITLE	21 · ZIP		Change Addition
TITLE			4.1 ITILE 4.2 NAME		2000022	
NAME OTDEET ADDRESS				T ADDRESS	-09/187	2972134 9701085011
STREET ADDRESS				T ADDRESS	****16	5.00 ****165.00
CITY-ST-ZIP		DELETE	4.4 CITY - 5.1 TITLE	51- <i>L</i> IP		☐ Change ☐ Addition
TITLE		otter				ET Assente ET Value
NAME			5.2 NAME	T ADDDESS		l
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY -	S1-ZIP		Enange Addition
TITLE		[_] Offer	6.1 1111.6			Li Podition
NAME			6.2 NAME			/ <i>D</i> V1 1
STREET ADDRESS				1 ADDRESS		(A)
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		

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 hade 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 3 if changed, or on an attachment with an address.

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AMERICAN MAID OF SOUTH FLORIDA, INC. 7080 LONGBOAT DRIVE NORTH LONGBOAT KEY, FL 34228 TEL. 941 383-4832

September 10, 1997

FLORIDA DEFARTMENT OF STATE DIVISON OF CORPORATIONS P.O. BOX 6327 Tallahassee, FL 32314

Re: Document #P950000050688 (7) - Annual Report

Dear Sir or Madam:

Enclosed please find our check in the amount of \$165.00 together with our Annual Report Form.

Per my conversation with your employee Angela today, I am sending the \$165.00 due to the fact that we never received the "first notice" of the annual report fee. We will, however, mark our calenders for January, 1998 and call if we do not receive the form again next year.

Thank you.

Sincerely,

Cindy Meyerholz .

Director