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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000070672 (7)

1. Corporation Name

AMERICAN MAID, INC.



Principal Place of Business

Mailing Address

301 N FERN CREEK AVENUE
ORLANDO FL 32803

301 N FERN CREEK AVENUE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. 3501 WEST VINE ST.
Suite, Apt. #, etc.

22. SUITE 351

23. KISSIMMEE, FL

24. 34741 25. USA

2a. Mailing Address

26. 3501 WEST VINE ST.
Suite, Apt. #, etc.

27. SUITE 351

28. KISSIMMEE, FL

29. 34741 30. USA

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

59-3345153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

MCLARRY, GEORGE C
301 N FERN CREEK AVENUE
ORLANDO FL 32803

CAROL ALLEN
2611 TEESIDE CT
KISSIMMEE
FL 34746

10. Name and Address of New Registered Agent

81. Name ROBERT A ALLEN

82. Street Address (P.O. Box Number is Not Acceptable)
2611 TEESIDE CT.

83.

84. City KISSIMMEE

FL

85. Zip Code 34746

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALLEN, CAROL ANN D
STREET ADDRESS 2621 MONTEGO BAY BLVD
CITY-ST-ZIP KISSIMMEE FL 34748

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 if changed, or on an attachment with an address.

SIGNATURE

C. Allen

4-27-98

CR2E034 (10/97)