

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 # P96000020321 (1)

1. Corporation Name  
HANDMAIDENS, INC.

Principal Place of Business  
8101 GLENMOOR DR.  
WEST PALM BEACH FL 33409

Mailing Address  
8101 GLENMOOR DR.  
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report
4. FET Number 65-0652196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

KIERNAN, PATRICIA E  
8101 GLENMOOR DR.  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box No.) 3000 9222 98683-7
83 City
84 Zip Code FL 85

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERNAN, PATRICIA E	1.2 NAME	
STREET ADDRESS	8101 GLENMOOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: Patricia E. Kiernan  
Date: 09/19/97  
Filing Number: 65-0652196-7  
Filing Fee: \$165.00

CR2E034 (4/97)

*Hand Maidens*  
8101 Glenmoor Dr.  
West Palm Beach, FL 33409  
(407) 687-5080

SEPT. 14, 1997

DEAR DIVISION OF CORPORATIONS,

AS DISCUSSED OVER THE TELEPHONE ON 8/21/97 WITH YOUR  
OFFICE I DID NOT RECEIVE IN THE MAIL THE FIRST NOTICE THAT  
YOU SAID WAS MAILED TO ME. I WAS TOLD TO MAIL YOU THE  
ENCLOSED PAYMENT OF \$165 BY SEPT. 17. I RESIDED BEFORE AT  
8206 GLENMOOR DRIVE HERE IN W. PALM BEACH AND PERHAPS THE  
ORIGINAL NOTICE WAS NOT FORWARDED TO ME FROM THAT ADDRESS  
BECAUSE I MOVED FROM THERE.

SINCERELY,

  
PATRICIA E. KIERNAN

(561) 471-0988

8101 GLENMOOR DRIVE  
W. PALM BEACH, FL. 33409

P.S. I SPOKE TO MISS JACKIE IN YOUR OFFICE TODAY AND SHE SAID  
THIS WAS THE CORRECT PROCEDURE TO GET MY INFORMATION IN TO YOU  
POSTMARKED BY SEPTEMBER 17... EXPLAINING MY SITUATION.

THANK YOU!