FILE NOW: FILING FEE & TAX $87.50

98-99 AR

PROFIT CORPORATION ANNUAL REPORT

~~1997~~ 1998-1999

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	Mailing Address
~~8101 GLENMOOR DR. WEST PALM BEACH FL 33409~~ (new address)	~~8101 GLENMOOR DR. WEST PALM BEACH FL 33409-2726~~ (new address)
205 Worth Avenue (Suite 201) Palm Beach, Fl, 33480	205 Worth Avenue Palm Beach, Fl, 33480

3. Date Incorporated or Qualified: 02/29/1996
3a. Date of Last Report:
4. FEI Number: 650652196 (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 has liability for intangible tax (Chapter 199.032 Florida Statutes): Yes / No

2. Principal Place of Business	2a. Mailing Address
21 205 Worth Avenue	26 205 Worth Avenue
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 Palm Beach, Fl	City & State 28 Palm Beach, Fl
Zip 24 33480 Country 25	Zip 29 33480 Country 30

9. Name and Address of Current Registered Agent
KIERNAN, PATRICIA E
8101 GLENMOOR DR.
WEST PALM BEACH FL 33409
→ new address

10. Name and Address of New Registered Agent
81 Name: Patricia E. Kiernan (same)
82 Street Address (P.O. Box Number is Not Acceptable): 205 Worth Avenue
83 Suite 201
84 City: Palm Beach FL 85 Zip Code: 33480

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PSTD NAME: KIERNAN, PATRICIA E STREET ADDRESS: 8101 GLENMOOR DR. CITY-ST-ZIP: WEST PALM BEACH FL 33409 (new address →) ☐ DELETE	11 TITLE: PSTD 12 NAME: Kiernan, Patricia E 13 STREET ADDRESS: 205 Worth Avenue (Suite 201) 14 CITY-ST-ZIP: Palm Beach, Fl, 33480 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	21 / 22 / 23 / 24 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	31 / 32 / 33 / 34 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	41 / 42 / 43 / 44 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	51 / 52 / 53 / 54 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	61 / 62 / 63 / 64 ☐ Change ☐ Addition

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****300.00 ****300.00

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CR2E034 (9/96)

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 3/19/99 (561) 832-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0302306