

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000025984 (1)**

1. Corporation Name

**FLORIDA CORPORATE HOUSEKEEPER, INC.**



Principal Place of Business

**1881 NE 26TH ST  
SUITE 203A  
WILTON MANORS FL 33305**

Mailing Address

**1881 NE 26TH ST  
SUITE 203A  
WILTON MANORS FL 33305-1427**

3. Date Incorporated or Qualified <b>03/18/1996</b>	3a. Date of Last Report <b>N/A</b>
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2. Principal Place of Business

2a. Mailing Address

21 **1590 SW 23RD CT #1**

26 **1590 SW 23CT. #1**

4. FEI Number <b>65-0672186</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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22 **FT. LAUDERDALE FL.**

27 **FT. LAUDERDALE FL.**

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 **City & State**

28 **City & State**

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 **Zip**

25 **Country**

29 **Zip**

30 **Country**

24 **33315**

25 **USA**

29 **33315**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DANIELSON, LEE  
1881 NE 26TH ST  
SUITE 203A  
WILTON MANORS FL 33305**

10. Name and Address of New Registered Agent

81 Name <b>DANIELSON, LEE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1590 SW 23RD CT. #1</b>
83 <b>City</b>
84 <b>FT. LAUDERDALE FL</b>
85 Zip Code <b>33315</b>

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DANIELSON, LEE</b>	
STREET ADDRESS	<b>1881 NE 26TH ST SUITE 203A</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL 33305</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DANIELSON, LEE</b>	
1.3 STREET ADDRESS	<b>1590 SW 23RD CT. #1</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL. 33315</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/97** **954-525-5284**  
Date Daytime Phone #

0261637

CR2E034 (9/96)