

4-14-97 P. 4517 -C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 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 # **P96000026668 (9)**

1. Corporation Name

**DANA'S HOUSEKEEPING PERSONNEL SERVICE #2, INC.**



Principal Place of Business <b>2331 STATE ROAD 7, SUITE 211 LAUDERHILL FL 33313</b>	Mailing Address <b>2331 STATE ROAD 7, SUITE 211 LAUDERHILL FL 33313-3772</b>
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3. Date Incorporated or Qualified <b>03/25/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>2331 N. S.R 7</b> Suite, Apt. #, etc. 22 <b># 217</b> City & State 23 <b>Lauderhill FL</b> Zip 24 <b>33313</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>2331 N SR 7</b> Suite, Apt. #, etc. 27 <b># 217</b> City & State 28 <b>Lauderhill FL</b> Zip 29 <b>33313</b> Country 30 <b>USA</b>
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4. FEI Number <b>65-0655703</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FEUVREL, SIDNEY L JR. 1520 E. LIVINGSTON STREET ORLANDO FL 32803</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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	<b>PVST</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON-GOODMAN, LESLIE</b>	1.2 NAME	
STREET ADDRESS	<b>5174 SIGNAL HILL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON-GOODMAN, LESLIE</b>	2.2 NAME	
STREET ADDRESS	<b>5174 SIGNAL HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Secretary</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Mollie Bennett</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>299 Chandler St</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Cape Canaveral, FL 32920</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: Leslie Johnson-Goodman Date: 05/14/97  
Signature typed or printed name of signing officer or director Daytime Phone # 954-935-5330

CR2E034 (9/96)