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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

14. I do hereby certify that the information indicated on this I am an officer or directors

appears in Block 12 or Blo



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041862 (9)

HOMEMAID INTERNATIONAL INC.

Principal Place of Business Mailing Address 8550 23RD AVENUE SOUTH 3550 23RD AVENUE SOUTH **BUITE 2** LAKE WORTH FL 33461-3207 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0664693 21 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıρ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 211** 83 PALM BEACH GARDENS FL 33418 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 18. (96/6)DELFTE Change TITLE ___ Addition 1.1.701.6 **GOLDSTEIN, GARY** NAME 1.2 NAME % 3550 23RD AVENUE SOUTH #2 STREET ADDRESS 1.8 STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 213016 NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7(P DELETE Change Addition TITLE 3.1 TILLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change Addition TITLE 4.1 THE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 THLE Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.8 STREET ADDRESS

or on an attachment with an address.

oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rt or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ion or the receiver or trustee empowered to execute this report as required by Chapte 601, Florida Statutes; and that my name