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Jun 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047157 (8)

1. Corporation Name

A MOTHER & DAUGHTER SECRETARIAL AND CONSULTANT SERVICES, INC.

Principal Place of Business

P.O. BOX 1297
FT. LAUDERDALE FL 33302

Mailing Address

P.O. BOX 1297
FT. LAUDERDALE FL 33302-1297



2. Principal Place of Business

21 1617 N.W. 6th Street

Suite, Apt. #, etc.

22 City & State

23 Fort Lauderdale FL

24 Zip 33311

25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33311
29 Country USA
30

3. Date Incorporated or Qualified
05/28/1996

3a. Date of Last Report
N/A

4. FEI Number

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 under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOMER, BARBARA

3530 NW 2nd St
FT. LAUDERDALE FL 33311

Home Address

10. Name and Address of New Registered Agent

81 Name

Barbara Homer

82 Street Address (P.O. Box Number is Not Acceptable)

1617 N.W. 6th Street (Business)

83

84 City

Fort Lauderdale

FL

85 Zip Code

33311

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, title, and address of agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOMER, BARBARA Home Address ☐ DELETE
STREET ADDRESS 3530 NW 2nd St
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Carolyn Homer
1.3 STREET ADDRESS 1321 N.W. 7th Terrace
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of Registered Agent

4/28/97

854-572-5193

CR2E034 (9/96)