


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
 98 OCT 21 PM 2:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **1997000017416**  
 1. Corporation Name  
**Jo-Lisa Enterprises, Inc. DBA Molly Maid of Pembroke Pines**

Principal Place of Business Mailing Address  
**17600 SW 7 street  
 Pembroke Pines Florida 33029**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**4/97**

21	2a. Mailing Address	26
22	Suite, Apt. #, etc.	27
23	City & State	28
24	Zip	29
	Country	30

4. FEI Number	Applied For
<b>65-0732500</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**Elizabeth Hernandez  
 17600 SW 7st  
 Pembroke Pines FL 33029**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	FL 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 **Elizabeth Hernandez** (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Title **President**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Elizabeth Hernandez</b>	
STREET ADDRESS	<b>17600 SW 7st</b>	
CITY-ST-ZIP	<b>Pembroke Pines FL 33029</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME	<b>Jorge L. Hernandez</b>	
STREET ADDRESS	<b>17600 SW 7st</b>	
CITY-ST-ZIP	<b>Pembroke Pines FL 33021</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>300002676003</b>
2.3 STREET ADDRESS	<b>-10/29/98-01036-005</b>
2.4 CITY-ST-ZIP	<b>****150.00 ****150.00</b>
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 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: **Elizabeth Hernandez** (Signature and typed or printed name of signing officer or director) Title **President** (Case) 431-8899 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/98)

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September 14, 1998

Florida Department of State  
Division of Corporations  
P.O. box 6327  
Tallahassee, Florida 32314

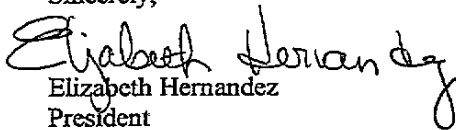
Re: Jo-Lisa Enterprises, Inc. D/b/a Molly Maid of Pembroke Pines

Gentlemen:

I am once again filing a Profit Corporation Annual Report. The Original was sent back to an erroneous address for corrections. I am also enclosing Payment of \$ 150.00 for such.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

  
Elizabeth Hernandez  
President

MOLLY MAID OF PEMBROKE PINES

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