(561) 885 0312

10/24/98

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER S AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO	EPTEMBER 30, 1998 D REINSTATE: \$750).	APPROYEL AND THE FILED
PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTI Sandra B. N Secretary of	Frtham of State	98 NOV 16 AMII: 25
1998 DIVISION OF CO	RPORATIONS	SECRETARY OF STATE FALLAHASSEE, FLORIDA
DOCUMENT # P9700086654 (5)		MECMINOCEL
ABSOLUTE PERFECTION CONCIERGE, MAID, JANITORIAL		
INC-		
Principal Place of Business Mailing Address		- I CONTROL SIN FORM CONTRACTOR ACTIVITY OF THE CONTROL OF THE STATE OF THE CONTRACTOR OF THE CONTRACT
4171A WOODS EDGE CIRCLE PALM BEACH GARDENS FL 33410 4171A WOODS EDGE CIRCLE PALM BEACH GARDENS FL 33410		REINSTANT WHITE METERS 9 4
		10/06/1997
2. Principal Place of Business 21 204 SPAYrow DR 26 SAME		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & State City & State		Fee Required 6. Election Campaign Financing \$5.00 May Be
23 Royal Ralm BRACH FLA. 28 Zip Country Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24 3341 25 talm BCH 29 30	¬ ´	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent DIAZ, CAROL G 4171A WOODSEDGE CIRCLE		
182) Street Address (P.O. Box Number is Not Acceptable)		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 R3 PALM BEACH GARDENS FL 33410		
	84 City	1 P.1 Poll = 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		
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: printed name of registered a ant and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS	Registered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT STORETE	447775	
NAME Carol G. DiAZ STREET ADDRESS 41714 Woodsedge circle	1.2 NAME	care. I Distributed MD
STREET ADDRESS CONTRACTOR OF THE	1.3 STREET ADDRESS	oy sparrow DR. #3
CITYSTZIP Palm BEACH CHARDENS, A. 33410	1.4 CITY-ST-ZIP	(4) Palm BCH, Fl. 33411
NAME	2.2 NAME	Change Addition
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	3000028321537
TITLEDELETE,	3.2 NAME	-11/19/98- <u>-01/199023****</u>
STREET ADDRESS	3.3 STREET ADDRESS	****750.00 ****750.00
CITY-ST-ZIP	3.3 3 INCE ! ADDRESS	
TITLE DELETE	3.4 CITY-ST-ZIP	
100 Table 200 Ta	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME STREET ADDRESS	3.4 CITY-ST-ZIP	Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TRLE DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TRLE NAME STREET ADDRESS CITY-ST-ZIP	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TRLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition

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 charged, or on an affactment with an address.

SIGNATURE