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

PROFIT CORPORATION ANNUAL REPORT

1998

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CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 29 1998 8:00am

Secretary of State

609-645-7406

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000091267 (9)

A WOMAN'S TOUCH CLEANING SERVICE, INC.

Principal Place of Business Mailing Address 7803 N.W. 73RD TERRACE 7803 N.W. 73RD TERRACE TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1997 2. Principal Place of Business 21 10984 NW 20th Dr. 2a. Mailing Address Applied For 65-0788811 10984 NW 20th Dr. Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Coral Springs Coral Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PETERS, CATHERINE M Catherine 7803 N.W. 73RD TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 TAMARAC FL 33321 83 CityCoral Zip Code 33071 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 without accept the objections of Section 667.0505, Florida Statutes.

SIGNATURE

SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE Change Addition 1.1 TITLE Thomas B. Reynolds 29 N. Shore Rd. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Absecon, NJ 0820 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 2IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 

6.4 CITY-S1-ZIP

14. Thereby 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.