

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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100887 (3)**
1. Corporation Name
FINAL TOUCH PROFESSIONAL CLEANING SERVICE, INC.



Principal Place of Business **#807**
3815 S. ATLANTIC AVENUE #807
DAYTONA BEACH SHORES FL

Mailing Address **#807**
3815 S. ATLANTIC AVENUE #807
DAYTONA BEACH SHORES FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2090 S. NOVA Rd. Suite, Apt. #, etc. 22 223 City & State 23 South Daytona, FL. Zip 24 32119		2a. Mailing Address 26 2090 S. NOVA Rd. Suite, Apt. #, etc. 27 223 City & State 28 South Daytona, FL. Zip 29 32119		3. Date Incorporated or Qualified 12/01/1997	
		4. FEI Number 59-3480558		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHecter, RANDAL L 1030 W. INTERNATIONAL SPEEDWAY BLVD. SUITE 210 DAYTONA BEACH FL 32114-3415				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	Susan Province
CITY-ST-ZIP		1.4 CITY-ST-ZIP	3815 S. ATLANTIC AVE. #807 Daytona Beach Shores, FL. 32127
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Vice President
STREET ADDRESS		2.3 STREET ADDRESS	Robert Province
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3287 W. STEWARTS MILL RD. Douglasville, Ga. 30135
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Secretary
STREET ADDRESS		3.3 STREET ADDRESS	Susan Province
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3815 S. ATLANTIC AVE #807 Daytona Beach Shores, FL. 32127
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer
STREET ADDRESS		4.3 STREET ADDRESS	Robert Province
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3287 W. STEWARTS MILL RD. Douglasville, Ga. 30135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Susan Province (Susan Province) Pres.** 3/19/98 770-304-1001

CR2E034 (10/97)