


1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000059287</b>					
1. Corporation Name <b>A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY</b>					
Principal Place of Business 2309 N.E. COACHMAN ROAD CLEARWATER FL 33765			Mailing Address 2309 N.E. COACHMAN ROAD CLEARWATER FL 33765		

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90017 005 \*\*\*550.00

03-01-1999 90218 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2309 NE Coachman Rd</b>		2a. Mailing Address 26 <b>same</b>		3. Date Incorporated or Qualified <b>07/06/1998</b>	
Suite, Apt. #, etc. 22 <b>Pvt home</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3475979</b>	
City & State 23 <b>Clearwater</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33765</b>		Country 25 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
29		30		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ARRIEN, MARY</b> <b>2309 N.E. COACHMAN ROAD</b> <b>CLEARWATER FL 33765</b>				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				<b>FL</b>	
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 <b>M. Arrien</b> DATE <b>7-9-99</b>					

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILLIE TURNER</b>		1.2 NAME	
STREET ADDRESS <b>706 PALM BLVD ST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33755</b>		1.4 CITY-ST-ZIP	
TITLE <b>MANAGER</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUE COOPER</b>		2.2 NAME	
STREET ADDRESS <b>1878 No Betty Lane</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER FL 33755</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)