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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT P98000069428 1. Corporation Name

MAID CALL CORP.

Principal Place of Business

Mailing Address

## **FILED** May 17, 2000 8:00 am Secretary of State

05-17-2000 90948 013 \*\*\*150.00



5910 FRENCH PLUM LANE TAMARAG FL 33321  5910 FRENCH PLUM LANE TAMARAG FL 33321			DO NOT WRITE II	N THIS SPACE			
				3. Date Incorporated or Qualifed			
				08/10/1998			
Principal Place of Business     2a. Mailing Address				4. FEI Number	Applie	d For	
21 <i>587</i> 6	A Kelsev LU	<u> </u>	iey W	65-0859633		oplicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	ree Requir	red	
City & State		City & State  28 TAMANAC,	Mouda	6. Election Campaign Financing  Trust Fund Contribution	55.00 Ma Added to F		
Zip Country Zip Zip 33321 30			Country O L O	This corporation owes the current y     Personal Property Tax.	year Intangible ☐ Yes 🎏	<b>6</b> 0	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
	ID 1005 II		81 Name	Jose M Weak			
LUCAR, JOSE M 5910 FRENCH PLUM LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
TAMARAC FL 33321				872 Kelsey L	<u></u>		
I MINI	ARAO FE 33021		83	·	_		
	**		84 City 7	AMAIN Flow So	FL 85 Zip Cod		
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	45 5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	maration automita this statement for the pure	one of changing its red	istered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement on the purpose of clienting in a possible of statutes.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation statement on the purpose of clienting in a possible of statutes.							
SIGNATURE ( ). JOSE M SUCAR 4/18/00							
SIGNATURE	Signature, typed of inted name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE		IN 12 Addition	
TITLE	PTD	☐ DELETE	1.1 TTLE		☐ Change [		
NAME	LUCAR, JOSE M		1.2 NAME				
STREET ADDRESS	5910 FRENCH PLUM LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition	
TITLE	SVD					_	
NAME	LUCAR, ALDINA M		2.2 NAME				
STREET ADDRESS	5910 FRENCH PLUM LANE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321	DELETE	2. 4 CITY-ST-ZIP 3.1 ΠΤLE		Change	Addition	
TITLE	-	Dege.	3.2 NAME			_	
NAME		'	3.3 STREET ADDRESS			}	
STREET ADDRESS			3.4. CITY-ST-ZIP			-	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			1	
			4.4 CITY-ST-ZIP			],	
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME			}	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	· <u>-</u>			
44 I boroby c	artifuthat the information cumplied wit	th this filing does not qualify for th	ne evemption stated in	Section 119 07(3)(i), Florida Statutes, I fur	ther certify that the info	rmation	

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 open attachment with an address, with all other like empowered.

MATURE REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR