


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90156 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000072053 1. Corporation Name MAID-2-SERVE, INC.			
Principal Place of Business 2464 RIVER REACH DR. NAPLES FL 34104		Mailing Address 2464 RIVER REACH DR. NAPLES FL 34104	
2. Principal Place of Business 21 2464 RIVER REACH DR. Suite, Apt. #, etc.		2a. Mailing Address 26 2464 RIVER REACH DR. Suite, Apt. #, etc.	
22 City & State 23 NAPLES, FLORIDA Zip Country		27 City & State 28 NAPLES, FLORIDA Zip Country	
24 34104 25 U.S.A.		29 34104 30 U.S.A.	
9. Name and Address of Current Registered Agent PRESIDENT SMITH, JOVANNA V 2464 RIVER REACH DR. NAPLES FL 34104		10. Name and Address of New Registered Agent 81 Name "SAME AS CURRENT" 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 <i>Jovanna V Smith</i> DATE 3-10-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOVANNA V. SMITH 2464 RIVER REACH DR. NAPLES, FLORIDA 34104 <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> KEEP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT JOVANNA V. SMITH 2464 RIVER REACH DR. NAPLES, FLORIDA 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I DON'T WANT TO DELETE I WANT TO STAY THE SAME AS BOX 9 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT JOVANNA V. SMITH 2464 RIVER REACH DR. NAPLES, FLORIDA 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	I DON'T WANT TO CHANGE I DON'T WANT TO ADD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	I WANT TO STAY THE SAME AS BOX 9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jovanna V Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

(941) 643-2926

Date

Daytime Phone #

CR2E034 (1/1988)