

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24397** (9)
1. Corporation Name
SUN COAST MERRY MAIDS, INC.

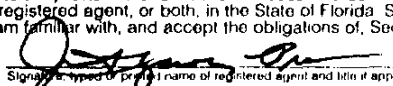


Principal Place of Business 1544 S MARKET CIR UNIT A PT CHARLOTTE FL 33953 US	Mailing Address 1544 S MARKET CIR UNIT A PT CHARLOTTE FL 33953 US
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DO NOT WRITE IN THIS SPACE

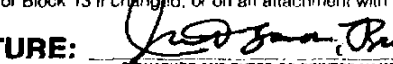
2. Principal Place of Business 21 12763 S TAMiami TR. Suite, Apt. #, etc.		2a. Mailing Address 26 12763 S. TAMiami TR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/11/1991	
22 City & State 23 NORTH PORT FL		27 City & State 28 NORTH PORT FL		4. FEI Number 65-0234422	
24 Zip 34287 25 Country USA		29 Zip 34287 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent JACOBS, JUDITH N 1544 S MARKET CIR UNIT A PT CHARLOTTE FL 33953		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

82 Street Address (P.O. Box Number is Not Acceptable) 12763 S TAMiami TR	
83	
84 City NORTH PORT	85 Zip Code FL 34287

SIGNATURE  **Judith N. Jacobs, Pres** 3/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JACOBS, DONALD P 1544 S MARKET CIR UNIT A PT CHARLOTTE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12763 S TAMiami TR NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JACOBS, JUDITH N 1544 S MARKET CIR UNIT A PT CHARLOTTE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12763 S TAMiami TR NORTH PORT FL 34287
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	<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	<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.

SIGNATURE:  **Judith N. Jacobs, Pres.** 3/25/98 (94) 426-4665

CR2E034 (10/97)