

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V73849** (4)  
1. Corporation Name  
**GOT IT, MAID, INC.**

Principal Place of Business  
**186 NORTH LAKE COURT  
KISSIMMEE FL 34743  
US**

Mailing Address  
**PO BOX 430542  
KISSIMMEE FL 34743-0542  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/22/1992</b>	3a. Date of Last Report <b>08/12/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3154484</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent																
<b>FRESNEDA, CAROLYN <del>3100 BIRDS-NEST PL</del> 186 N. LAKE COURT KISSIMMEE FL 34743</b>		<table border="1"> <tr> <td>81</td> <td>Name</td> <td><b>FRESNEDA, CAROLYN</b></td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>186 N. LAKE CT.</b></td> </tr> <tr> <td>83</td> <td>City</td> <td><b>KISSIMMEE</b></td> </tr> <tr> <td>84</td> <td>State</td> <td><b>FL</b></td> </tr> <tr> <td>85</td> <td>Zip Code</td> <td><b>34743</b></td> </tr> </table>		81	Name	<b>FRESNEDA, CAROLYN</b>	82	Street Address (P.O. Box Number is Not Acceptable)	<b>186 N. LAKE CT.</b>	83	City	<b>KISSIMMEE</b>	84	State	<b>FL</b>	85	Zip Code	<b>34743</b>
81	Name	<b>FRESNEDA, CAROLYN</b>																
82	Street Address (P.O. Box Number is Not Acceptable)	<b>186 N. LAKE CT.</b>																
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84	State	<b>FL</b>																
85	Zip Code	<b>34743</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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRES</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRESNEDA, EDWARD</b>	1.2 NAME	
STREET ADDRESS	<b>186 NORTH LAKE STREET</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRESNEDA, CAROLYN</b>	2.2 NAME	
STREET ADDRESS	<b>186 NORTH LAKE COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPM</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBSTER, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>960 FLORIDA PKWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBSTER, DEBRA</b>	4.2 NAME	
STREET ADDRESS	<b>960 FLORIDA PKWY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KISSIMMEE FL</b>	4.4 CITY - ST - ZIP	
TITLE		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		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 do 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: *Carolyn Fresneda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)