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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90018 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 000 020051 ✓
1. Corporation Name

Custom Touch Cleaning, Inc
Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/01/96

2. Principal Place of Business

2a. Mailing Address

21 1810 SABEL DRIVE
Suite, Apt. #, etc.

26 1810 SABEL DRIVE
Suite, Apt. #, etc.

4. FEI Number

65-0651229

Applied For

Not Applicable

22 City & State

27 City & State

23 DEERFIELD BEACH FL
Zip Country

28 DEERFIELD BEACH FL
Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

24 33442

25

29 33442

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ANTHONY HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

1810 SABEL DRIVE

84 City DEERFIELD BEACH FL

85 Zip Code 33442

11. Pursuant to the provisions of Sections 607.0507 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when "continuing")

DATE 4/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME JOYCE CLARK DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

1.1 TITLE P.S. VP. T Change Addition
1.2 NAME ANTHONY HARRIS
1.3 STREET ADDRESS 1810 SABEL DRIVE
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on all attachments with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE-TIME PHONE #

CR2E034 (10/97)