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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074419 (8)

FILED Apr 29 1998 8:00am Secretary of State

HUMAN TOUCH, INC.						 	län kiski siksi ill	11 0 10 11 100
Principal Place	e of Business	Mailing Addre	ss					
7421 ATWOOD LAKE WORTH			7421 ATWOOD COURT LAKE WORTH FL 33467			DO MOT WRITE IN TU	C CDACE	
						DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE	
						09/04/1996		
2. Principal P	lace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Āŗ	oplied For
21		26				65-0728688 Not Applicable		
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State	0		City & State					equired
23	в	⊢ ¬ ′	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip		country		8. This corporation owes or has paid the d		-
24	25	29	30	—		Personal Property Tax due June 30.		No
	g. Name and Address of Curr	ent Registered Agent	1			10. Name and Address of New Registers	d Agent	
KLO	otz, teri			81 1	Name			Ì
7421 ATWOOD COURT				82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
LA	KE WORTH FL 33467						····	
				83				1
				84 (City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Flo	rida Statutes, the	above-n	amed corpo			s registered
office or re	egistered agent, or both, in the Sta	le of Florida Such cha	ange was authori	zed by th	ne corporatio	ration submits this statement for the purpose in's board of directors. I hereby accept the a	ppointment as	registered
	in raininar with, and accept the ob-	igations of, Section 60	7.USUS, FIORICIA S	iaiules.				
SIGNATURE	Signature, typod or printed name of registered a	spent and title it applicable	(NOTE: Registe	ered Agent s	signature required	when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	1;	3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D		DELETE 1.1	1 TITLE			Change	Addition
NAME	KLOTZ, TERI		. 13	1.2 NAME				
STREET ADDRESS	7421 ATWOOD COURT		1.3	1.3 STREET ADDRESS				`
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 CITY - ST - ZIP				1.000
TITLE	PVST	LJ		1 TITLE			☐ Change	Addition
NAME	KLOTZ, TERI	RLUIZ, IEHI 7421 ATWOOD COURT		2.2 NAME 2.3 STREET ADDRESS				İ
STREET ADDRESS	LAKE WORTH FL 33467		1		l l			
CITY-ST-ZIP TITLE	DELETE		***************************************	2. 4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3 STREET AD	oress			
CITY-ST-ZIP				4. CITY-ST-				
TITLE				1 TITLE		**************************************	Change	Addition
NAME			4.	2 NAME				
STREET ADDRESS			4.3	3 STREET ADI	DRESS			ĺ
CITY-ST-ZIP				CITY-\$1-2	ZIP			
TITLE		لــا		1 TITLE			L Change	☐ Addition
NAME				2 NAME				
STREET ADDRESS				3 STREET AD				
CITY-ST-ZIP TITLE		····		4 CITY - ST - Z	ZIP		Change	Addition
NAME		ا لسا		1 TITLE D MANAGE			□ cuantite	
STREET ADDRESS				2 NAME 2 STREET AN	DDECC			1
CITY-ST-ZIP				STREET ADI				
	certify that the information supplied	with this filing does no		4 CITY-ST-Z exemption		ection 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, of on an attachment with an address.

SIGNATURE:

561-357-9856