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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secrétary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086895 (4)

FILED May 21 1998 8:00am Secretary of State

	C.			
Principal Place of Business	Mailing Address		- I IODAIDEA HAR IBHAI CODIX BORH BOHA GEAR DOIAN AS	140 B1401 10110 10101 0111 1004
340 MERCURY AVE #102 PALM BAY FL 32909	340 MERCURY AVE #102 PALM BAY FL 32909		DO NOT WRITE IN THIS	SPACE
```			3. Date Incorporated or Qualified	
			10/06/1997	
2. Principal Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21 A Gentle Touch Home	26 Sheila M	lae-Doccis	59-349-5631	Not Applicable
Sulte, Apt. #, etc. 22 1550 Orange Blosson	Suite, Apt. #, etc.  27 3061 Colle	# <b>5</b> 13 Ege wood 1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
	58 WO POMVO	<u> </u>	Trust Fund Contribution	Added to Fees
21 32905 25 Remains	29 32934	Country	8. This corporation owes or has paid the cu	
24 32905 25 Breward 9. Name and Address of Current F	·	30 Breward	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
	B-210102 ABOIL	81 Name	In transcrate Section of Host (108)Broton	-9-111
DORRIS, SHEILA M 340 MERCURY AVE #102 PALM BAY FL 32909				
		82 Street Add	Bress (P.O. Box Number is Not Acceptable)	
PALM DAT PL 32808		83		
		84 City	FL	85 Zip Code
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE	ons of, Section 607.0505, Floi	rida Statutes. flugistereo Agent signature requ		
12. OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DELETE		President	Change Addition
NAME		1.2 NAME	Sheila Mae Dorris	#513
STREET ADDRESS		1 -		_
CITY-ST-ZIP	T print		1Elbourne FlA. 3293	
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY - ST - ZIP 3.1 T TLF		Change Addition
NAME		3.2 NAME		
STREET ADDRESS				
		3.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE		Change Addition
CITY-ST-ZIP	OELETE	3.4. CITY-ST-ZIP		Change Addition
CITY-ST-2IP TITLE	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME	☐ OELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	57	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	57	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.4. CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP	5	
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fulf 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 informatio—this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an action 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 3look 13 if changed, or on an attachment with an address.