

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F78118** (9)

1. Corporation Name
TOUCH OF CLASS COMPLETE INTERIORS, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 8362 PINES BLVD #328 PEMBROKE PINES FL 33024 | 8362 PINES BLVD #328 PEMBROKE PINES FL 33024 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/28/1982 | 3a. Date of Last Report 04/28/1994 |
|--|--|

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2186756 | Applied For Not Applicable |
| 21 | 26 | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 22 | 27 | 7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | | |
| 24 | 25 | | |
| | 29 | | |
| | 30 | | |

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENSON, LORRAINE
7191 SW 13TH ST
PEMBROKE PINES FL 33023**

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENSON, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 7191 SW 13TH ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PEMBROKE PINES FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENSON, LORRAINE | 2.2 NAME | |
| STREET ADDRESS | 7191 SW 13TH ST | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PEMBROKE PINES FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Lorraine Ann Stevenson* **LORRAINE ANN STEVENSON** 4/21/95 966-2231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Signature)