FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000000933 (1)**

1. Corporation Name

HAND TWISTED, INC.

Principal Place of Business

201 MONROEVILLE MALL
MONROEVILLE PA 15146

Mailing Address

201 MONROEVILLE MALL
MONROEVILLE PA 15146

3. Date Incorporated or Qualified: **02/24/1994**

3a. Date of Last Report: **10/03/1995**

4. FEI Number: **25-1696061**

☐ Applied For
☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

KESSLER, STUART
TURNBERRY ASSOCIATES
19495 BISCAYNE BLVD., #900
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
1 TITLE	CP	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	FRIEDMAN, R. BRUCE		1 NAME	
1 STREET ADDRESS	3538 MEADOWGATE DR.		1 STREET ADDRESS	
1 CITY-ST-ZIP	MURRYSVILLE PA 15668		1 CITY-ST-ZIP	
2 TITLE	CST	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	PASQUINI, EUGENE S		2 NAME	
2 STREET ADDRESS	168 IRON RUN ROAD		2 STREET ADDRESS	
2 CITY-ST-ZIP	BETHEL PARK PA 15102		2 CITY-ST-ZIP	
3 TITLE	DV	☑ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME	KESSLER, STUART		3 NAME	
3 STREET ADDRESS	20515 E. COUNTRY CLUB DR. #1149		3 STREET ADDRESS	
3 CITY-ST-ZIP	N. MIAMI BEACH FL 33180		3 CITY-ST-ZIP	
4 TITLE	D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME	MEYERS, HERBERT E		4 NAME	
4 STREET ADDRESS	1235 S. NEGLEY AVE.		4 STREET ADDRESS	
4 CITY-ST-ZIP	PITTSBURGH PA 15217		4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME			5 NAME	
5 STREET ADDRESS			5 STREET ADDRESS	
5 CITY-ST-ZIP			5 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME			6 NAME	
6 STREET ADDRESS			6 STREET ADDRESS	
6 CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: _____ EUGENE S. PASQUINI 2-8-96 412-373-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)