

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

**FILED**  
**Feb 19, 1999 8:00am**  
**Secretary of State**

02-19-1999 90039 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000002015**

1. Corporation Name  
**NO TOUCH NORTH AMERICA CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 8001 IRVINE CENTER DR. #450 IRVINE CA 92718  
 Mailing Address: 8001 IRVINE CENTER DR. #450 IRVINE CA 92718

3. Date Incorporated or Qualified  
**03/18/1994**

2. Principal Place of Business: 21 20472 CRESENT BAY DR.  
 2a. Mailing Address: 26 20472 CRESENT BAY DR.

4. FEI Number: 33-0434632  
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22 #100  
 Suite, Apt. #, etc.: 27 #100

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23 LAKE FOREST, CA  
 City & State: 28 LAKE FOREST, CA

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

Zip: 24 92630 Country: 25 USA  
 Zip: 29 92630 Country: 30 USA

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**PENNING, MARK**  
 28870 US HWY 19 NORTH  
 SUITE 300  
 CLEARWATER FL 33761

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HALTON, DENIS	1.2 NAME	HALTON, DENIS
STREET ADDRESS	8001 IRVINE CENTER DRIVE, SUITE 450	1.3 STREET ADDRESS	20472 CRESENT BAY DRIVE, SUITE 100
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	SD	2.1 TITLE	SD
NAME	TANAKA, TOSHIJI	2.2 NAME	TANAKA, TOSHIJI
STREET ADDRESS	8001 IRVINE CENTER DRIVE, SUITE 450	2.3 STREET ADDRESS	20472 CRESENT BAY DRIVE, SUITE 100
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	TD	3.1 TITLE	TD
NAME	USHIDA, SHIN	3.2 NAME	USHIDA, SHIN
STREET ADDRESS	8001 IRVINE CENTER DRIVE, SUITE 450	3.3 STREET ADDRESS	20472 CRESENT BAY DRIVE, SUITE 100
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 an attachment with an address, with all other like empowered.

SIGNATURE: *Denis A. Halton* DENIS A. HALTON 1/27/99 949-595-8401  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)