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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H28228 1. Corporation Name

TENDER TOUCH, INC.

Original Disease of Dispinant	
Principal Place of Business	

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90049 024 ***150.00



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Principal Plac	ce of Business	Mailing Address			·	-	i e si air ān atām bijām bij	ÎN CIDIN ENCYL IEEN
4700 PALM RIDGE BLVD. DELRAY BEACH FL 33445 1014 BROOKS LANE DELRAY BEACH FL 33483			. DO NOT WRITE	IN THIS SPACE				
						3. Date Incorporated or Qualifed		
ب سندن ب	فحصوص مرديسها طالار سندا الاستياب			~		10/30/1984	• -	·
2. Principal P	Place of Business	2a. Mailing Addres	SS			4. FEI Number		Applied For
21		26		_		65-0022043		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired		5 Additional
22		27				3. 3. 3. 3. 3. 3. 3. 3.	Fee	Required
City & Stat	te .	City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current	year Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regi	istered Agent	
DAB	AONDA BROWNER	*		81 1	lame			
101	MONDI, MICHAEL 4 BROOKS LANE			82 8	Street Addre	ss (P.O. Box Number is Not Acceptable)	1 * 1 = **
DEL	RAY BEACH FL 33483-6508			83				
				84 0	City	2 10 3 7 1 2 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zi	p Code
440 500			01-1-1			Alexander Michael Market	FL °°	
	to the provisions of Sections 607,0502 registered agent, or both, in the State our familiar with, and accept the obligation				amed corpor corporation	ration submits this statement for the pur o's board of directors. I hereby accept th	pose of changing le appointment as	registered registered
SIGNATURE		•						
	Signature, typed or printed name of registered agent		(NOTE: Registered	Agent sig	nature required v	when reinstating), years.	DATE	
12.		DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PS	D DIRECTORS	.ETE 1,1 πτ			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	
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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, ogon an attachment with an address, with all other like empowered.