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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46441

(8)

GOLDEN TOUCH CLEANING AND MAINTENANCE, INC.

Principal Place of Business

Mailing Address

22669 8.W. 65TH AVE. BOCA RATON FL 33433 22669 S.W. 65TH AVE. BOCA RATON FL 33428-60

FILED Apr 30 1997 8:00am Secretary of State



BOCA RATON FL 33433		BOCA RATON FL 33428-6016								
					12/10/1986 08/12		ate of Last R 12/1996	o of Last Report 2/1996		
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1		oplied For	
21		26						ot Applicable		
Sulte, Apt.		27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	· • • · · · · · · · · · · · · · · · · ·			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Zip 29	30 Cou	intry	,	8. This corporation has liability for in Florida Statutes	tengible Yes [. 199.032,	
·	g, Name and Address of Curre	nt Registered Agent		L.,		10. Name and Address of New Reg	istered a	Agent		
	rray, charles			81	Name					
	69 SW 65TH AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)			
BOC	CA RATON FL 33428									
				83						
				84	City		FL	85 Zip (Code	
Office of re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was	s authorize:	d by	the corpora	poration submits this statement for the pi ition's board of directors. I hereby accep	rpose of the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ag		OH Registere	d Äge	int signature requi	ired when reinstating)	DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		IS IN 12	
TITLE	PD	DELETE	1.1 70	1 L E				Change	☐ Addition	
NAME	MURRAY, CHARLES		1.2 N							
STREET ADDRESS	22669 S.W. 65TH AVE.		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CI	_	1- ZIP			T-1		
TITLE		[_] DELETE	2.1 11		ļ			Change	Addition	
NAME STREET ADDRESS			2.2 N/							
					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 G 3.1 TI		ST-ZIP			Change	Addition	
NAME			3.2 N/		İ			Onlings	L Redition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					SI - ZIP					
TITLE		☐ DELETE	4.1 T)					Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4 3 51	REE 7	ADDRESS					
CITY-ST-ZIP			4.4 CI	1Y-S	1-7iP					
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NAME			5 2 NA	ME						
STREET ADDRESS			5 3 \$1	HEE T	ADDRESS					
CITY+ST-ZIP			5400	TY-\$	1 - ZIP					
TITLE .		DELETE	6110	LE	Ī			Change	Addition	
NAME	100 mg/m		6 2 N/	ME						
STREET ADDRESS	100 100		6351	REEL	ADDRESS					
CITY-ST-ZIP			6.4 CI	1Y-S	1 - ZIP					

I do 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.