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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K36073 (0)
1. Corporation Name
TOUCHE' INC.



Principal Place of Business
% PAUL BOUCHER
P.O. BOX 1503
PALM CITY FL 34990-8503

Mailing Address
% PAUL BOUCHER
P.O. BOX 1503
PALM CITY FL 34991-8503

3. Date Incorporated or Qualified 10/03/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0082236
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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

BOUCHER, PAUL
1006 S.W. WOODCREEK DRIVE
PALM CITY FL 34990

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

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	DP	1.1 TITLE	3313 SW 42nd Ave., Palm City FL 34990
NAME	CARR, FRANK	1.2 NAME	P.O. Box 1434
STREET ADDRESS	4741 SW MISTLETOE LANE	1.3 STREET ADDRESS	Palm City, FL 34991
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	
NAME	BOUCHER, PAUL	2.2 NAME	
STREET ADDRESS	1006 SW WOODCREEK DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	BOUCHER, KATHY	3.2 NAME	
STREET ADDRESS	1006 SW WOODCREEK DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	3313 S.W. 42nd Ave., Palm City, FL 34990
NAME	CARR, THERESA	4.2 NAME	P.O. Box 1434
STREET ADDRESS	5761 SW MISTLETOE LANE	4.3 STREET ADDRESS	Palm City, FL 34991
CITY - ST - ZIP	PALM CITY FL	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	

14. 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.

SIGNATURE:

Kathy Boucher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97 561-334-2253
Date Daytime Phone #

CH2E034 (9/96)