


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90021 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K54931

1. Corporation Name

PERSONAL TOUCH REPORTING, INC.

Principal Place of Business

13899 BISCAYNE BLVD
SUITE 133
MIAMI FL 33181

Mailing Address

13899 BISCAYNE BLVD
SUITE 133
MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1988

4. FEI Number

65-0091040

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 owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 2000 TOWERSIDE TERR #305

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 MIAMI, FLA

Suite, Apt. #, etc.

27

City & State

23 33138 V.S.A.

City & State

28

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

BERNSTEIN RITA**13899 BISCAYNE BLVD. #133****MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

BECKER, CAROLE

82 Street Address (P.O. Box Number is Not Acceptable)

2000 TOWERSIDE TERR. #305**83 MIAMI**

City

FL

85 Zip Code

33138

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

CAROLE BECKER*Carole Becker***4-24-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETENAME **BERNSTEIN, RITA**STREET ADDRESS **13899 BISCAYNE BLVD. #133**CITY-STATE-ZIP **MIAMI FL 33181**TITLE **DS** ☐ DELETENAME **BERNARD, CAROLE**STREET ADDRESS **13899 BISCAYNE BLVD. #133**CITY-STATE-ZIP **MIAMI FL 33181**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME **WAX, JOYCEE**1.3 STREET ADDRESS **2000 TOWERSIDE TERR. #305**1.4 CITY-STATE-ZIP **MIAMI, FLA. 33138**2.1 TITLE ☒ Change ☐ Addition2.2 NAME **BECKER, CAROLE**2.3 STREET ADDRESS **2000 TOWERSIDE TERR. #305**2.4 CITY-STATE-ZIP **MIAMI, FLA. 33138**3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Carole Becker **4-24-99 305981-8514**

CR2E034 (11/98)