FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
'95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39393 (8)

1. Corporation Name

PERSONAL TOUCH, INC.

Principal Place of Business
1325 S CONGRESS AVE S-243
BOYNTON BEACH FL 33426

Mailing Address
1325 S CONGRESS AVE S-243
BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0161271 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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: [X] Yes ☐ No

2. Principal Place of Business — 21, Suite, Apt. # etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. # etc. 27, City & State 28, Zip 29, Country 30

9. Name and Address of Current Registered Agent

WILLINGHAM, MERRI L
3340 CHURCH HILL DRIVE
BOYNTON BEACH FL 33435

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLINGHAM, JAMES L.
STREET ADDRESS	3340 CHURCH HILL DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	WILLINGHAM, MERRI L
STREET ADDRESS	3340 CHURCH HILL DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES L. WILLINGHAM
Date
Daytime Phone #

0264610 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L40387** **(7)**

1. Corporation Name

AVI CARMEL PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
100 N. BISCAYNE AVE. #2810 MIAMI FL 33132	100 N. BISCAYNE AVE. #2810 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1990	3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0179253	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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

9. Name and Address of Current Registered Agent

CARMEL, AVI
100 N. BISCAYNE BLVD #2810
MIAMI FL 33132

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 617.0502, 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 [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1) TITLE	president. ✔ Change ✘ Addition
NAME	CARMEL, AVI	1) NAME	
STREET ADDRESS	100 N. BISCAYNE #280	1) STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1) CITY-ST-ZIP	
TITLE		2) TITLE	☐ Change ☐ Addition
NAME		2) NAME	
STREET ADDRESS		2) STREET ADDRESS	
CITY-ST-ZIP		2) CITY-ST-ZIP	
TITLE		3) TITLE	☐ Change ☐ Addition
NAME		3) NAME	
STREET ADDRESS		3) STREET ADDRESS	
CITY-ST-ZIP		3) CITY-ST-ZIP	
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: A. Carmel 3/12/95 3055718600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0427704 FP

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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41657** **(2)**

1. Corporation Name

MIRRORS AND INTERIORS, INC.

Principal Place of Business	Mailing Address
16451 W. DIXIE HIGHWAY 16451 N DIXIE HWY N MIAMI BEACH FL 33162	16451 W. DIXIE HIGHWAY 16451 N DIXIE HWY N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/08/1990**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

4. FEI Number: **65-0163245** ☐ 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 been designated under s. 288.075, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALERIE HALPER **16451 WEST DIXIE HIGHWAY** **N MIAMI BEACH FL 33162**	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 Section 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(S)

(If changing registered agent, registered agent must sign here.) (If changing registered agent, registered agent must sign here.)

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
001	DP	101	☐ Change ☐ Addition
NAME	HALPER, VALERIE	102 NAME	
STREET ADDRESS	16451 W. DIXIE HWY.	103 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	104 CITY-ST-ZIP	
002	ST	105	☐ Change ☐ Addition
NAME	HALPER, VALERIE	106 NAME	
STREET ADDRESS	16451 W. DIXIE HWY.	107 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	108 CITY-ST-ZIP	
003		109	☐ Change ☐ Addition
NAME		110 NAME	
STREET ADDRESS		111 STREET ADDRESS	
CITY-ST-ZIP		112 CITY-ST-ZIP	
004		113	☐ Change ☐ Addition
NAME		114 NAME	
STREET ADDRESS		115 STREET ADDRESS	
CITY-ST-ZIP		116 CITY-ST-ZIP	
005		117	☐ Change ☐ Addition
NAME		118 NAME	
STREET ADDRESS		119 STREET ADDRESS	
CITY-ST-ZIP		120 CITY-ST-ZIP	
006		121	☐ Change ☐ Addition
NAME		122 NAME	
STREET ADDRESS		123 STREET ADDRESS	
CITY-ST-ZIP		124 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is, and was when previously submitted, true and correct. I/We 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 above, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0172016 CP