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



PROFIT CORPORATION ANNUAL REPORT 1997		Sandra B Secretar	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Apr 02 1997 8:00am Secretary of State			
	MENT # L63686 INISHING TOUCHES, INC.	(4) Mailing Address							
1101 NW S2ND ST 3740 N 55TH AVE FT. LAUDERDALE FL 33309 HOLLYWOOD FL 33021-220 US						3. Date Incorporated or Qualified		e of Last R	eport
2. Principal Pi	ace of Business	2a, Mailing Address				04/05/1990 4. FEI Number	טווט ן	9/1996	oplied For
21		26				65-0182516		h	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt: #, etc.				5. Certificate of Status Desired		\$8.75	
City & State		City & State			<u>-</u>	6. Election Campaign Financing	···	Fee Re \$5.00	
23	•	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Counti	У	1	8. This corporation has liability for i			199.032,
24	9. Name and Address of Currer	29	30]			Florida Statutes 10. Name and Address of New Reg	Yes L		
KINZ	EL, JOAN	it uchistored whent		Name		(U. Haille dite Addiess of Her He	gibter ou A	Moti.	
	N 55TH AVE		8:	Street Ar	ddre	ss (P.O. Box Number is Not Acceptab	le)		
	LYWOOD FL 33021		[BS (1.0. DOX NUMBE) IS NOT ACCORDAGO		·	
			8:	3	l				1
			84	City			F=1	85 Zip (Code
44 Pureusent I	to the provincence of Sections 607.050	02 and 607 1508 Florida Statut	es the above	ve-named o	~~	ration submits this statement for the p	FL	rhanning it	e registered
office of n	egistered agent, or both, in the State ni lami⊧ar with, and accept the oblig	e of Florida. Such change was a	authorized t	by the corpo	ratio	n's board of directors. I hereby accep	the appo	intment as	registered
SIGNATURE	in radio at with, and accept the being	anons of econory opriosos, i re	onera Oranan	,					
	Strongue, typed or protess range of registered age			gent signature re	quire	i when reinstating)	DATE	DIDECTOR	50.11.40
. 12. 	D D D	ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EK2 AND	Change	Addition
NAME	KINZEL, JOAN		1.2 NAME	- 1	- 1				
STHEET ADDRESS	3740 N 55TH AVE		1.3 STRE	ET ADDRESS	Ţ				}
Cfty - St - 2H	HOLLYWOOD FL		1.4 City	ST - ZIP					
TITLE	.	☐ DELETE	21 TITLE	1			,	Change	Addition
41/Mt			2.2 NAME						ĺ
STREET ADDRESS DITY - SE- 7IP			2.3 STRE	ET ADDRESS	-				
TIGE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAMI						}
STREET ADDRESS			3.3 STRE	ET ADORESS					}
City St-7#		C priese	3.4. CITY		_				C 1 4 2 2 2 2 2 2
THILE		☐ DELETE	4.1 TITLE					Change	Addition (
NAME STREET ADORESS			4. 2 NAM	ET ADDRESS	-				
DITY-SE Ze			4.3 SINE		-				{
late	A -441100 411 0 10 000 000 000 000 000 000	DELETE	5.1 TITLE					Change	Addition
NAMi			5.2 NAM	.					
STREET ADURESS			5.3 STRE	FT ADDRESS					
Cary St Zie	The second section of the second section of the second section of the second section s	DELETE	5.4 CITY -		-{-			Change	Addition
T-TLE NAME		ר"ו חברבוב	6.2 NAMI	1				change	€ vodition }
STREET ADDRESS			J	ET AODRESS	-				
City S) 7iP			6.4 CITY						

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 13 if changed, or on an attachment with an address.

SIGNATURE: