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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37939 (8)
1. Corporation Name
TOUCH OF CLASS SINGLES, INC.



Principal Place of Business Mailing Address
P.O. BOX 2854 P.O. BOX 2854
WINTER HAVEN FL 33883 WINTER HAVEN FL 33883-2854

3. Date Incorporated or Qualified **05/01/1990** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2363582		Applied For Not Applicable	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALL, DREW
550 ROCHELLE AVE.
P.O. BOX 1123
WINTER HAVEN FL 33882

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, DON	1.2 NAME	
STREET ADDRESS	502 SIDNEY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAPF, ESTHER	2.2 NAME	
STREET ADDRESS	791 AVE T, SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETZEL, DONNA	3.2 NAME	SD NANCY, CHEEK
STREET ADDRESS	1838 NOTTINGHAM ROAD	3.3 STREET ADDRESS	P.O. BOX: 1019
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	DAVENPORT, FL (N/A)
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARY R.	4.2 NAME	
STREET ADDRESS	2226 AVE. A, N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, JANET	5.2 NAME	TD MARY, RUFFNER
STREET ADDRESS	2013 8TH TERRACE SE	5.3 STREET ADDRESS	2125 Reynolds RD LOT#1
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	LAKELAND, FL
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIT, DEE	6.2 NAME	
STREET ADDRESS	689 W. LAKE HOWARD DR. 3D	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Esther Krampf 4/1/97 1-941-293-1762
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # 0064774

CR2E037 (9/96)