FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **P3254**9

(8)

GOLD	EN TOUCH NURSERY IN	C.			
Principal Place of Business 3255 S. CLARCONA RD. APOPKA FL 32703 US		Mailing Address P.O. BOX 1034 APOPKA FL 32704 US			
				3. Date incorporated or Qualified : 01/15/1991	3a. Date of Last Report 02/16/1995
2. Principal Pla:	ce of Business	2a. Mailing Address		4. FET Number 65-0241765	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	7φ.	Country 30	8. This corporation has liability for inta	ngible tax under s. 199.032,
1	9. Name and Address of Curre			10. Name and Address of New Reg	
			B1 Name		
TETU, J.R.			82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	
1403 JUBAL DR. ORLANDO FL 32818			83		
UNLAN	DU FL 32010				7: 0: 1:
			84 City		FL 85 Zip Code
familiar with SIGNATURE	ed agent, or both, in the State of Flo n, and accept the obligations of, Sec Sproom, types or price have of regulated age	ction 607.0505, Florida Statutes	od by the corporation's tic	ioration submits this statement for the purpo- pard of directors. Thereby accept the appoint	ment as registered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
11'LE	CP	☐ DELETE	! 1 TIFLE		Change Addition
NAME	CHIN, SEIL		12 NAME		
STREET ACORESS	1600 Bear Lake RD. Apopka Fl		1.3 SPREET ADDRESS 1.4 CHY+S1+ZIP		
CHY-S1-ZIP TITLE	VST	DELETE	2 1 TiTLE		Change Addition
NAME	CHIN, MISUN K.	L	2.2 NAME		
STREET ADDRESS	1600 BEAR LAKE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		2.4 CITY - ST - Z-P		
TITLE	D	DELETE	3 1 HELF		Change Addition
NAME	CHIN, MISUN K.		3.2 NAME		
SIRSET ADDRESS	1600 BEAR LAKE RD. APOPKA FL		3.3 STREET ADDRESS		
CITY+ST+ZIP TITLE	APOPKA FL	DELETE	3 4 CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME:		[] NEK 12	4.2 NAME		
STREET AUDRESS			4.3 STREET ADDRESS		
CITY-SI ZIF			4.4 City - \$1 - 2iP		
TiTLE		☐ DELETE.	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CHTY - ST - ZIP		<u>-</u>	5.4 CHY-ST-ZIP		
TI™LE		☐ DELETE •	6 1 T ILF		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST ZIP			6.4 CiTY - ST - Z P		

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)(k), 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: _

Mussons A. Chin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-1-96

4 9-SAV-ASVY

CR2E034 (12/95)