

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

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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000017489 (4)**

1. Corporation Name
TOUCH OF SHEAR DELITE, INC.

Principal Place of Business 12235 SW 112 ST STE 441 MIAMI FL 33186 US	Mailing Address 12235 SW 112 ST STE 441 MIAMI FL 33186-4830 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1993		3a. Date of Last Report 07/08/1996	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26	27	28
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GINSBERG, ALLAN 12235 SW 112 ST STE 441 MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	GINSBERG, ALLAN		1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	741 NW 98TH WAY		1.2 NAME		
CITY-ST-ZIP	PLANTATION FL 33324		1.3 STREET ADDRESS	9720 NW 18 MANOR	
			1.4 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	SEC/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, CARLENE		2.2 NAME		
STREET ADDRESS	741 NW 98TH WAY		2.3 STREET ADDRESS	9720 NW 18 MANOR	
CITY-ST-ZIP	PLANTATION FL 33324		2.4 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Calvin R. S. Sisk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

305-279-2186

Date

Daytime Phone #

CR2E034 (9/96)