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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000050392 (8)

MAY'S CREATIVE TOUCH, INC.

1889 N HIATUS RD SUITE 151 PEMBROKE PINES FL 33026

Principal Place of Business

Mailing Address

8710 N.W. 15TH COURT PEMBROKE PINES FL 33024-4725

US

FILED Apr 16 1997 8:00am Secretary of State



						 Date incorporated or Qualified 07/12/1993 		te of Last I 29/1996	Report
	lace of Business	2a. Mailing Address	S			4. FEI Number		· · · · · · · · · · · · · · · · · · ·	pplied For
21		26				65-0427404		Į N	ot Applicable
Suite, Apt #, ctc		Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζ(p)	Country 25	Zip 29	30	Country		This corporation has liability for Florida Statutes	intangible Yes		s. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered /	Agent	
	CE, CARLA T			81	Name	,			
2600 NORTH MILITARY TRAIL 4TH FLOOR			82 Street Ad		Street A	cldress (P.O. Box Number is Not Acceptable)			
BOC	CA RATON FL 33431			83					
				84	City		FL	85 Zip	Code
11. Pursuant office or raggint Ta	Io the provisions of Sections 607.05 egistered agent, or both, in the Stal in familiar with, and accept the obligation to the obligation of the provision of th					corporation submits this statement for the oration's board of directors. I hereby acce required when revisiting)	purpose of pt the app	changing ointment a	ns registered s registered
12.		ND DIRECTORS		13.	i agratue	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
101(F	PT	☐ DELE					001107410	Change	Addition
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	MAY, FRANKLIN P			I 1 TITLE I 2 NAME	l			CHOINGE	L., ROGILION
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4. I do hereby certly 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

Paula M. Mays.
SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF PRECTOR

4/10/97 (954)437-1790

Phone #