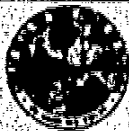


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000053997 (1)

1. Corporation Name

AAH PROFESSIONAL TOUCH, INC.

Principal Place of Business

**5876 S. RIDGEWOOD AVE
HARBOR OAKS FL 32127
US**

Mailing Address

**5876 S. RIDGEWOOD AVE
HARBOR OAKS FL 32127
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/29/1993

3a. Date of Last Report

06/01/1994

4. FEI Number

59-3203263

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for interjurisdictional tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARCUM, ANTOINETTE~~
**2818 NORDMAN AVENUE
NEW SMYRNA BEACH FL 32168**

81. Name

Pietrowski Antoinette

82. Street Address (P.O. Box Number is Not Acceptable)

2818 Nordman Ave

83.

New Smyrna Beach

84. City

FL

85. Zip Code

32168

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

Antoinette Pietrowski

Antoinette Pietrowski

4-21-95

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIETROWSKI, ALFERD J
STREET ADDRESS	2818 NORDMAN AVENUE
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	PD
NAME	PIETROWSKI, ANTOINETTE
STREET ADDRESS	2818 NORDMAN AVENUE
CITY - ST - ZIP	NEW SMYRNA BEACH FL
TITLE	SD
NAME	WHISNER, DAVID B
STREET ADDRESS	5277 S. RIDGEWOOD AVE 49
CITY - ST - ZIP	ALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	VITID
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

Antoinette Pietrowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antoinette Pietrowski

4/21/95

(Date)

904-761-8333

(Telephone Number)