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

**PROFIT** CORPORATION ANNUÁL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of Stalls, DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P94000004886 (5)

A TOUCH ABOVE, INC.

Principal Place of Business Mailing Address



56 FTY -1 PH 12: 58

SPORENTRY OF STATE VILLE ASSES, FLORIDA



14060 LAK ORLANDO	E PRICE DRIVE FL 32826	14060 LAKE PRICE D ORLANDO FL 32826	DRIVE		Date Incorporated or Qualified     01/20/1994	3a. Date of Last Report 04/26/1995
<b>A</b> D I DI	and D. Austra	2a. Mailing Address			4. FEI Number	Applied For
2. Principal Pl	lace of Business	26 26	K) ndu 600		59-3223006	Not Applicable
Suite, Apt.	#, etc.	Suite, Aprt. #, etc.	Suite, Aprt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28			Trust Fund Contribution Added to Fees	
Zipi	Country	Zip	Country		8. This corporation has liability for	
24	25 29 30		30		Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Cu	irrent Registered Agent	81	Name	10. Name and Address of New H	registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD 343 ALMERIA AVE CORAL GABLES FL 33134				City	05/14/ ****2€	<u>301821303</u> 9601131010 <del>10.00 ****200.00</del> <b>FL</b>
or registe familiar w	red agent, or both, in the State of fith, and accept the obligations of,	Florida Such change was authoriz Section 607.0505, Florida Statutes	red by the corp s	oration's boa	rration submits this statement for the purind of directors. Thereby accept the appropriate the control of directors.	rpose of changing its registered office ontment as registered agent. I am
	Signature typed or protestinal electrogetess	Fagetta title tapilearie (N. SIAND DIRECTORS)	13.	otsipal a retain	ADDITIONS/CHANGES TO GET	ICERS AND DIRECTORS IN 12
12.	P	DELETE	1 1 Tilli		Abbinoito di integes de est	Change Addition
NAME	HILL AARON E		1.2 NAME			
STREET ADDRESS	14060 LAKE PRICE DR	IVE	1.3 STREE	r Address		
CITY-ST-ZIP	ORLANDO FL 32826	·· <del>·</del>	14 CiTY -	ST-ZIP		
TITLE		☐ DELETE				Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY - ST - ZIP			2.4 CiTY -	S1 - ZIP		
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NAME			6.2 NAME	Į.	$\wedge$	/L: 196
STREET ADDRESS				EL ADDRESS	<u>ال</u>	Y61
C17V . ST . 7IP			6.4 CHY	ST ZIP		•

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually 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 trusted en powered to execute this report an required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alter innent with an address.

SIGNATURE:

WARREL OF RESEARCH OF

-96 382 93557