

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000046788 (3)**

1. Corporation Name

DAISY TOUCH INTERNATIONAL, INC.



Principal Place of Business

**1275 BENNETT DRIVE
STE. 150
LONGWOOD FL 32750**

Mailing Address

**1275 BENNETT DRIVE
STE. 150
LONGWOOD FL 32750**

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

10/24/1995

2. Principal Place of Business

2a. Mailing Address

21 **1225 Bennett Dr**

26 **1225 Bennett Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste 151**

27 **Ste 151**

City & State

City & State

23 **Longwood FL**

28 **Longwood FL**

Zip

Zip

Country

Country

24 **32750**

25 **U.S.**

29 **32750**

30 **U.S.**

4. FEI Number

59-3254239

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 intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IZQUIERDO, JENNIFER
337 CITRUS ST
ALTAMONTE SPRINGS FL 32714**

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **OBUEHOSKY, BRUNILDA**
CITY-STATE-ZIP **1275 BENNETT DRIVE
LONGWOOD FL 32714**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **IZQUIERDO, JENNIFER JR**
CITY-STATE-ZIP **1275 BENNETT DRIVE
LONGWOOD FL 32714**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

President

Obuehowsky, Brunilda
1275 Bennett Drive
Altamonte Springs, FL 32714

Vice President, Treasurer, Secretary

Jennifer Izquierdo
337 W. Citrus St.
Altamonte Springs, FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)