FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052391 (7)

1. Corporation Name
TOTALLY TWISTED, INC.

Principal Place of Business	Mailing Address
8000 W BROWARD BLVD (BROWARD MALL) #8000 PLANTATION FL 33388	8000 W BROWARD BLVD (BROWARD MALL) #8000 PLANTATION FL 33388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 BROWARD MALL	26 BROWARD MALL
Suite, Apt. #, etc. 22 8000 W. BROWARD BLVD #416	Suite, Apt. #, etc. 27 8000 W. BROWARD BLVD. #416
City & State 23 PLANTATION, FL.	City & State 28 PLANTATION, FL
Zip / Country 24 33388 / 25 USA	Zip / Country 29 33388 / 30 USA

4. FEI Number: 65-0518707 ☐ 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
BLACKE, LAWRENCE E 3400 NE 34 STREET FT LAUDERDALE FL 33308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P, S, D	☐ Change ☐ Addition
NAME	MUHLENFORTH, GERARD	12 NAME	MUHLENFORTH, GERARD	
STREET ADDRESS	8000 W BROWARD BLVD #8000	13 STREET ADDRESS	8000 W. BROWARD BLVD SUITE 416	
CITY ST ZIP	PLANTATION FL 33388	14 CITY ST ZIP	PLANTATION, FL. 33388	
TITLE	TD	21 TITLE	V.P, T, D.	☒ Change ☐ Addition
NAME	GOLD, JAY	22 NAME	GOLD, JAY M.	
STREET ADDRESS	8000 W BROWARD BLVD #8000	23 STREET ADDRESS	8000 W. BROWARD BLVD. SUITE 416	
CITY ST ZIP	PLANTATION FL 33388	24 CITY ST ZIP	PLANTATION, FL. 33388	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Jay M Gold V.P, D,T, JAY M. GOLD 4-5-95 (305) 969-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434077 FP