FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064602 1. Corporation Name

THE DELL TOUCH, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90005 016 ***150.00

1112 021								
Principal Place	e of Business	Mailing Address				(LEDSTHUS THE SOUTH BUSHING ONLY COURT ONLY	IN BILLI BIBIN BLE	/4 BBILD LIM1 FAM4
135 CANAL ST. 135 CANAL ST.						+		
NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32			32169			DO NOT WRITE IN T	IO ODACE	
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed		. }
		0 14-11 Address				08/29/1994 4. FEI Number		annied For
	lace of Business	2a. Mailing Address					<u> </u>	Applied For Not Applicable
21		26				59-3262406		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certifcate of Status Desired		Required
22		City & State						
City & Stat	e	⊢ ′	City & State		,	6. Election Campaign Financing		May Be d to Fees
23	Country	28 Zip	Co	untry		Trust Fund Contribution		101663
Zip	· ·		30	uiii y		8. This corporation owes the current year Personal Property Tax.	Yes	□No
24	25	29	30	T		10. Name and Address of New Registere		
	9. Name and Address of Curren	t Kegistered Agent		81	Name	10. Name and Address of New Yogisters	a Agom	
GON	IZALEZ, JOSE							
	CANAL ST			82	Street Add	ss (P.O. Box Number is Not Acceptable)		
	SMYRNA BCH FL 32169			-				
IACAA	SWITHING DOTT IE 32109			83				
				84	City	-	85 Zi	Code
						_		
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statu of Florida, Such change was a	tes, the a	above	e-named corp the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ot changing i wintment as	ts registered registered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	orida Sta	tutes.		,		·
SIGNATURE						<u></u>		
	Signature, typed or printed name of registered agen				it signature require	ad when reinstating) DATE		
12.		D DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE		TITLE			☐ Change	, D'Addison
NAME	JOSE, GONZALEZ L			NAME				
STREET ADDRESS	135 CANAL ST.		1.3 5	STREET	ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216							}
TITLE	1		1.4 0	CITY-ST	T-ZIP			
		39 ☐ DELETE	_	CITY-ST	T-ZIP		☐ Change	e Addition
NAME			2.1 1		T-ZIP		☐ Change	Addition
STREET ADDRESS			2.1 T 2.2 N	TITLE NAME	T-ZIP		☐ Change	∋
			2.1 T 2.2 M 2.3 S	TITLE NAME	T ADDRESS		☐ Chang	e
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14. I hereby certify 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, with all other like empowered.

904-424-9898