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

FLORIDA DEPARTMENT, OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000000828 Steve's Custom Touch, Inc. Principal Place of Business Mailing Address 1618 St. Catherine Drive 1618 St. Catherine Drive Dunedin, F1. 34698-4403 Dunedin, F1. 34689-4403 3. Date Incorporated or Qualified 3a. Date of Last Report 1/4/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Same 26 Same 59-3287016 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Ζıp Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 X Yes □ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name Steve Troiano Street Address (P.O. Box Number is Not Acceptable)
1618 St. Catherine Drive #st WFS7 **B3 B4** City Zip Code 34689-4403 Dunedin 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 familiar with, and accept the obligations 9. Section 607.0505, Florida Statutes. SIGNATURE • Steve Troiano of registered agent and title if applicable ared Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1. 1 TITLE President Change X Addition NAME Steve Troiano 1.2 NAME STREET ADDRESS 1618 St. Catherine Drive Best WEST 1.3 STREET ADDRESS CITY - ST - 7(P 1.4 CITY - ST - ZIP Dunedin Florida 34698-4403 TILLE □ DELETE 2.11111 Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 24 CITY- ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CITY ST - ZIP TIL: F DELETE 4. 1 TITLE Change Addition NAME 4.2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 44 CITY ST-ZIP TITLE DELETE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 000001802400 53 STREET-ADDRESS CITY - ST - ZIP -05/01/96--01012--029 5.4 CITY-ST-ZIP THILE DELETE 6 1 TITLE ***200.00 Change ☐ Addition NAME 6.2 NAME

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 appears in Block 12 or Block 13 if changed, or one attachment with an address. 6 4 CITY - ST - ZIP

63 STREET ADDRESS

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP

(12/95)

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