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 # **P95000021150 (4)**

1. Corporation Name

IN TOUCH DEDICATED SERVICES, INC.

Principal Place of Business	Mailing Address
16041 N.W. 18TH AVENUE MIAMI FL 33054	16041 N.W. 18TH AVENUE MIAMI FL 33054

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1395 N.W 167 ST	26 P.O. Box 640010
Suite, Apt. #, etc. 22 108	Suite, Apt. #, etc. 27
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip 24 33169 Country 25 DADE	Zip 29 33164-0010 Country 30 DADE

4. FEI Number: 65-0546989 ☐ 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

JOHNSON, MICHAEL
16041 N.W. 18TH AVENUE
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name: WAYNE DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): 16220 N.W. 18 AVENUE
83
84 City: OPA LOCKA FL 85 Zip Code: 33054

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: WAYNE DAVIS — MAY 10, 1996
Signature, typed or printed name of registered agent and title if applicable — (for FL Registered Agent signature is required when filing by mail) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VSD	☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL		1.2 NAME	WAYNE DAVIS	
STREET ADDRESS	16041 N.W. 18TH AVENUE		1.3 STREET ADDRESS	16220 N.W. 18 AVE	
CITY-ST-ZIP	MIAMI FL 33054		1.4 CITY-ST-ZIP	MIAMI FLORIDA 33054	
TITLE	VSD	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DAVIS, WAYNE		2.2 NAME	DERRAL HALL	
STREET ADDRESS	16220 N.W. 18TH COURT		2.3 STREET ADDRESS	10065 N.W 8 AVENUE	
CITY-ST-ZIP	MIAMI FL 33054		2.4 CITY-ST-ZIP	MIAMI FLORIDA 33154	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	BROWN, WALKER D III		3.2 NAME	WALKER BROWN	
STREET ADDRESS	516 SHERWOOD GREENS		3.3 STREET ADDRESS	516 SHERWOOD GREENS	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087		3.4 CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Wayne Davis — WAYNE DAVIS — 5/10/96 — 3056207948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #