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FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1395 N.W. 167ST
108
MIAMI FL 33169

Mailing Address

P.O. BOX 640010
MIAMI FL 33164-0010



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report
08/06/1996

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

DAVIS, WAYNE
16220 N.W. 18 AVENUE
OPALOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

Wayne Davis

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

340 N.W. 205 Terr

83

84 City

Miami

FL

85 Zip Code

33169

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 President Wayne Davis 4-29-97

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

(NOTE: Registered Agent signature is not required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☒ DELETE
NAME DAVIS, WAYNE
STREET ADDRESS 16220 N.W. 18 AVE.
CITY-ST-ZIP MIAMI FL 33054

TITLE D ☐ DELETE
NAME HALL, DERRAL
STREET ADDRESS 10065 N.W. 8 AVENUE
CITY-ST-ZIP MIAMI FL 33154

TITLE TD ☒ DELETE
NAME BROWN, WALKER D III
STREET ADDRESS 516 SHERWOOD GREENS
CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Wayne Davis
1.3 STREET ADDRESS 340 N.W. 205 Terr
1.4 CITY-ST-ZIP Miami, FL 33169

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Nathaniel Jackson
3.3 STREET ADDRESS 6785 N.W. 169 Street Unit-B
3.4 CITY-ST-ZIP Miami, FL 33015

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Wayne Davis 4-29-97 905-626-7048

CR2E034 (9/96)