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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039424 (3)

IN-TOUCH ELECTRONICS INC.

FILED Mar 13 1998 8:00am Secretary of State

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P	rincipal Place of Business	·	Mailing Address				- LORBLINDS (IN INTER DIVIT BRITT OF ILL BULLY DRIND DIVIN I	ATT BIRCE	INDIA DIOLEDDA		
3410 FOXCROFT RD. 208			3410 FOXCROFT RD. 208								
MIRAMAR FL 33025			MIRAMAR FL 33025				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified		]		
							05/18/1995				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	7	pplied For		
21			26				65-0587020		lot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			,	5. Certificate of Status Desired		Additional Required		
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
24	Zip C	ountry	Zip 29	Country 30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
	9. Name and A	ddress of Current Re		10. Name and Address of New Registered Agent							
3410 FOXCROFT ROAD SUITE 208					81 82 83	Name Street Address (P.O. Box Number is Not Acceptable)					
	MIRAMAR FL 3302	•				_					
					84	City		85 Zic	Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.
EXCAPATIONS.

SIGNATURE												
SIGNATURE	Signature, typed or printing name of registered agent and title if a	ηρωποίε (NOTE	Registered Agent signature req	uired when reinstating)	DATE							
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12						
TITLE	P	☐ DELFTE	1.1 TITLE		☐ Change	Addition						
NAME	LEE, WORRELL		1.2 NAME									
STREET ADDRESS	3410 FOXCROFT ROAD, #1208		1.3 STREET ADDRESS									
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CITY-ST-ZIP									
TITLE	VP	DELETE	21 TITLE		Change	☐ Addition						
NAME	NKABINI, BLESSING		2.2 NAME									
STREET ADDRESS	3396 FOXCROFT RD., #301		2.3 STREET ADDRESS									
CITY-ST-ZIP	MIRAMAR FL 33025		2. 4 CITY-ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition						
NAME			32 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY-ST-ZIP									
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			6.3 STREET ADDRESS			,						
CITY-ST-ZIP			54 CITY-ST-ZIP									
TITLE	•	☐ DELETE	61 TITLE		Change	☐ Addition						
NAME			6.2 NAME			,						
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY - ST - ZIP	0.000	·							

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the expression or the receiver or trusted 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 affectment with any address

SIGNATURE

THE AND TYPED OR PRINTED NAME OF BIGNING DEFICER OR DIRECTOR

03-07-98

Daytimo Phone # 01

\* 0139169