

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90022 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000039424

1. Corporation Name
IN-TOUCH ELECTRONICS INC.



Principal Place of Business 3410 FOXCROFT RD. 208 MIRAMAR FL 33025	Mailing Address 3410 FOXCROFT RD. 208 MIRAMAR FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 602 NW 62 ST.		2a. Mailing Address 26 SAME AS ABOVE		3. Date Incorporated or Qualified 05/18/1995	
Suite, Apt. #, etc. 22 AA-AAA-FL		Suite, Apt. #, etc. 27		4. FEI Number 65-0587020	
City & State 23 MIAMI FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33150		Country 25 DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WORRELL, LEE
3410 FOXCROFT ROAD
SUITE 208
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY FRANCIS	3.2 NAME	
STREET ADDRESS	5100 S.W. 215 APT #219	3.3 STREET ADDRESS	
CITY-ST-ZIP	S.W. HOLLYWOOD FL 33057	3.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULETTE COOPER-LEE	4.2 NAME	
STREET ADDRESS	3410 FOXCROFT RD #208	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

WORRELL, LEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-06/98 (954)
450-9192

CR2E034 (11/98)