**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT, OF STATE Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000090878

ANGELIC	C TOUCH, INC.									
Principal Plac	e of Business	Mai	ling Address			-{	IA OOKI OOLAA	Bili Balai Ibili I	ADAT IDII IBBI	
231 NE 57TH (			NE 57TH CT							
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334						DO NOT WRITE IN THIS SPACE				
}						3. Date Incorporated or Qualifed	EIN IMS	SPACE	<del></del> -	1
l						11/27/1995		•		l
2 Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		Apr	lied For	1
21		26	Ū			65-0622833		Not	Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired	<b>.</b>	\$8.75 A Fee Rec		
City & Stat	te		City & State			6: Election Campaign Financing		\$5.00	May Be	ŀ
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees	
<u>Zip</u>	Country		Zin — — — —	Cou	ntry	-8.—This corporation owes the curre	ent year int			
24	[25]	29		30		Personal Property Tax.  10. Name and Address of New R			□No	ĺ
ļ	9. Name and Address of Curr	ent Registe	ered Agent		81 Name	10. Name and Address of New R	agisterac	-yent		ĺ
HAL	LER, SANDRA			l	I NEVE	Ply S. Dowalt				ĺ
382	NE 24 AVE				82 Street Addr	ess (P.O. Box Number is Not Accepta	ple)	•	į	İ
LIGI	I NE 24 AVE THOUSE FL 33064 dell	asu			83 (1 (	1. 1.1				1
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11. Pursuant office or agent. La		d LE.I	YLALAM		by the corporation ites.  Agent signature required	oration submits this statement for the in's board of directors. I hereby accep	t the appoin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	istered	6
12.	OFFICERS A		TORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN		RS IN 12	€
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NAME	DOWDLE, BEVERLY S.			12 NA	Į				ļ	් දි
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

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