SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000094570 (5)

SPECIAL TOUCHES & MOMENTS, INC.

APPROVED AND FILED

96 SEP -6 PM 2: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	OOD DRIVE	Mailing Address 1062 CORKWOOD D OVIEDO FL 32765	OOD DRIVE					
						3. Date Incorporated or Qualified 12/11/1995	3a. D	ate of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	Applied For
21		26						Not Applicable
Suite, Apt i	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	;	City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Gountry	Zip Country			8. This corporation has liability for intangible tax under s 199.032.			
24	25	29 30			Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent
l Mc	OON, WALTER R			81	Name			
1218 EAST ROBINSON STREET				82	Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida.			83		<u> </u>			
				63				01092001
				84	City	THE ST	75. OU	**************************************
office or re agent 1 ar	o the provisions of Sections 607,0502 gistered agent, or both, in the State in familiar with, and accept the obliga Stgrature tiped or principlation affinished agen	of Florida. Such change wa illons of, Section 607.0505,	s authorized l Florida Statur	by th tes.	ne corporai	poration submits this statement for the p tion's board of directors. I hereby accep- ared wentenstation.	urpose of the appo	changing its registered sintment as registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		D DIRECTORS IN 12
THTLE	PD	DELETE	1 1 117	ı E				Change Addit or
NAME	COLON, MARIA V		1.2 NAI	ΜĘ				
STREET ADDRESS	1062 CORKWOOD DRIVE		1.3 STF	REET A	ODRESS			
CITY - ST - ZIP	OVIEDO FL 32765		1,4 CIT		·ZIP			
TITLE	VSD	DELETE	2 1 (1)					Change Addition
NAME	COLON, ANA J		2 2 NAI					
STREET ADDRESS	1062 CORKWOOD DRIVE				DDRESS			
CITY-ST-ZIP TITLE	OVIEDO FL 32765	DELETE	2 4 CI		- ZIP			Change Add-tion
NAME	TD Crespo, Marilyn D	Lance 10	3 2 NAI					5.00 go
STREET ADDRESS	1062 CORKWOOD DRIVE				DORESS			
City-SI-ZIP	OVIEDO FL 32765		3.4 CI		- 1			
TITLE		DELETE	41111					Change Addition
NAME			4 2 NA	ME				
STREET ADDRESS			43SF	REET A	DORESS			
CITY-ST-ZIP			4 4 CIT	Y-SI-	- ZIP			
TITLE		DELETE	5 1 TIT	LE				Change Addition
NAME			5.2 NA					
STREET ADDRESS					IDDRES\$	- 110		
CITY-ST-ZIP		T points	5.4 CI1		- ZIP	M&//-		
TITLE		DELETE	6 1 THT			D		Charige Addition
NAME ATOMES ADOMESIC			62 NA		000000	•		
STREET ADORESS			1		NDDRESS			
CiTY-ST-ZIP	ov certify that the information supplied	d with this filing is voluntarily	furnished ar			alify for the exemption stated in Section	119 07(3)	'κ) Flooda Statutes 1

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: ,

Maria V. Colón 8 17 196 (407) 366-7648