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Mar 31 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 # P96000032526 (1)

1. Corporation Name
IN TOUCH BOOKKEEPING, INC.



Principal Place of Business
12861 S.W. 15TH MANOR
DAVIE FL 33325

Mailing Address
12861 S.W. 15TH MANOR
DAVIE FL 33325-5820

3. Date Incorporated or Qualified
04/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11338 Royal Palm Blvd.

26 4410 NW 10 St.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 Coral Springs, FL

28 Coconut Creek, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33065 USA

33066 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUHAMELL, VIVIAN MARIE
12861 S.W. 15TH MANOR
DAVIE FL 33325

81 Name

Vivian Marie Matiska

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

11338 Royal Palm Blvd.

83

84 City

Coral Springs

FL

85 Zip Code

33065

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: Vivian Marie Matiska Vivian Marie Matiska President 3/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Vivian Marie Matiska
1.3 STREET ADDRESS	11338 Royal Palm Blvd
1.4 CITY-ST-ZIP	Coral Springs, FL 33065
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Christopher George Matiska
2.3 STREET ADDRESS	11338 Royal Palm Blvd.
2.4 CITY-ST-ZIP	Coral Springs, FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Vivian Marie Matiska Vivian Marie Matiska 3/10/97 310-3163
(954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0285431

CR2E034 (9/96)