**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039145

1. Corporation Name

TERI'S TOUCH USA, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90048 015 \*\*\*150.00



,	· ·						#1 <b>0108</b> 1 <b>3</b> 1#1 1 <b>84</b> 1
Principal Place	e of Business	Mailing Address					
1112 WESTON ROAD STE 171 1112 WESTON ROAD STE 171							
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	• 🔾				05/07/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21	•	26			65-0661423	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22	<del></del>	27			5. Certificate of Status Desired	Fee F	Required
City & Stat	e	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution	Adde	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Inta		Пы.
24	25	29 30	<u> </u>		7 0,000	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered A	gent	
IA/AB	ICED TEDI		81	Name	•		•
Wanger, Teri 1112 Weston Road Ste 171				Street Ad	dress (P.O. Box Number is Not Acceptable)	•	
	AUDERDALE FL 33326						
гіс	MODERDALL IL 33320		83		•		
	•		84	City		85 Zij	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes,				ļ ·	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered a	pent and title if applicable. (NOTE: Re		nt signature requ	DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	PD .	DELETE	13. 1.1 TITLE		ADDITIONS/OFFICE TO ST. TOERS THE	Change	
	WANGER, TERI		1.2 NAME	1	•		
NAME	251 LANDINGS BLVD			TADDRESS			
STREET ADDRESS	FT LAUDERDALE FL 33327		1.4 CITY-S				
CITY-ST-ZIP	TT ENODERDALE TE 30027	☐ DELETE	2.1 TITLE	51-237		Chang	e Addition
NAME	·		2.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	<del></del>		-2:4 CTY-				•
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	e [] Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5		•		
TITLE		, DELETE	4.1 TITLE			☐ Chang	e Addition
NAME		·	4. 2 NAME		•		
STREET ADDRESS	,		4.3 STREE	T ADDRESS			
CITY-ST-ZIP		i	4.4 CITY-S	ST-ZIP	•		· <b></b>
TITLE		☐ DELETE	5.1 TITLE			Chang	e 🔲 Addition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE	<del> </del>	□ DELETE	6.1 TITLE			☐ Chang	e 🔲 Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS