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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000071051 (2)

UNTOUCHABLE SUPPLIES, INC.

Principal Place of Business	Mailing Address	· · · )
5161 NW 81 TERRACE LAUDERHILL FL 33351	5161 NW 81 TERRACE LAUDERHILL FL 33351-5048	
2. Principal Place of Business	28. Mailing Address	

## FILED Apr 04 1997 8:00am Secretary of State



Solic Act # etc.    Solic Act # etc.   Solic Act #										
Select Appl P. etc.   Suite, Apt P. etc.   Suite, A								3a. Da	e of Last F	Report
Suite, Agit #, etc.	2. Principal F	Piace of Business	2a. Mailing Addre	ess					A	pplied For
Solic Affi et etc.    Sulfa Additional   Status Desired	21		26				65-0689910			
City & State    City & State   City		t ⊭, etc.		etc.						
20   20   20   20   20   20   30   3. This corporation has liability to Intemplies to guider s. 199 032, 40   9. Name and Address of Current Registered Agent	22		27				Certificate of Status Desired			
28   Trust Fund Contribution   Added to Fises   29   30   S. This copposation has liability for intemptible tox upder s. 199.032, Florida Statutes   30	City & Sta	ite	City & State		-		6. Election Campaign Financing		\$5.00	May Be
Section   Sect	23		28				Trust Fund Contribution			
S. Name and Address of Current Registered Agent  KING, MARK S161 NW 81 TERRACE LAUDERHILL FL 33351  82 Size Address (P.O. Box Number is Not Acceptable)  83 84 Cay  85 Cay  86 Cay  87 Size Address (P.O. Box Number is Not Acceptable)  87 Size Address (P.O. Box Number is Not Acceptable)  88 Size Address (P.O. Box Number is Not Acceptable)  89 Size Address (P.O. Box Number is Not Acceptable)  80 Size Address (P.O. Box Number is Not Acceptable)  81 Size Address (P.O. Box Number is Not Acceptable)  81 Size Address (P.O. Box Number is Not Acceptable)  82 Size Address (P.O. Box Number is Not Acceptable)  83 Size Address (P.O. Box Number is Not Acceptable)  84 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  86 Size Address (P.O. Box Number is Not Acceptable)  87 Size Address (P.O. Box Number is Not Acceptable)  88 Size Address (P.O. Box Number is Not Acceptable)  89 Size Address (P.O. Box Number is Not Acceptable)  80 Size Address (P.O. Box Number is Not Acceptable)  80 Size Address (P.O. Box Number is Not Acceptable)  81 Size Address (P.O. Box Number is Not Acceptable)  82 Size Address (P.O. Box Number is Not Acceptable)  83 Size Address (P.O. Box Number is Not Acceptable)  84 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  85 Size Address (P.O. Box Number is Not Acceptable)  86 Size Address (P.O. Box Number is Not Acceptable)  87 Size Address (P.O. Box Number is Not Acceptable)  87 Size Add	Zip	Country	Zip	_ c	ountry	/	8. This corporation has liability for i	intangible !	lax upder	s. 199.032,
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Steet Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agrant an amount with an adverted to the purpose of changing its registered agent agent to the interior with an adverted to the purpose of changing its registered agent ag		9. Name and Address of Cur	ent Registered Agent		T	,	10. Name and Address of New Re	gistered A	gent	
Steel Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 507 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered other or registered or projections of sections 507 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered other or registered or registered agent and accept the obligations of, Section 67 505. Florida Statutes agent 1 am handler with, and accept the obligations of, Section 67 505. Florida Statutes SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	KIN	NG, MARK			81	Name				
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B3   84    City					02	Slide! Addi	ess (F.O. BOX Number is Not Acceptab	ne j		
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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 agent tantamian with, and accept the obligations of, section 697,0505, Florida Statutes.    Signature   Signatur					84	City		Ei	<b>85</b> Zip	Code
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Signature   Sign	agent 1	am familiar with, and accept the ob	ligations of Section 607.	0505, Florida St	atute	S.	north board of directors. Thereby decep	or the appr	ALLER FOLKE OF	, registered
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14. I do hereby certify that the information properties with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIGN	□ DEI	LETE 3.1 3.2 3.3 3.4 LETE 4.1 4.2 4.3 4.4 LETE 5.1 5.2 5.3 5.4 LETE 6.1 6.2	THILE NAME STREET CITY- TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP			Change Change	Addition

information indicated on the ann I am an officer or director of the o appears in Block 12 or Block 13 i prophilid with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the foot a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that with the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name argued; or on an attachment with an address.

SIGNATURE

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-1-97

954-486-8164