

~ SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000003826**  
1. Corporation Name

**Torsche Florida, Inc.**

Principal Place of Business <b>3501 W. Vine St. Suite 341 Kissimmee, FL 34741</b>	Mailing Address <b>2611 Brookshire Ct. Kissimmee, FL 34746</b>
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2. Principal Place of Business 21 <b>3501 W. Vine Street</b> Suite, Apt. #, etc. 22 <b>Suite 341</b> City & State 23 <b>Kissimmee, FL</b> Zip 24 <b>34741</b>	2a. Mailing Address 26 <b>2611 Brookshire Ct.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Kissimmee, FL</b> Zip 29 <b>34746</b> Country 30 <b>U.S.A.</b>
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>9/15/97</b>	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Roland Tan**  
**3501 W. Vine St.**  
**Suite 338**  
**Kissimmee, FL 34741**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

*Roland Tan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/22/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>MR ANDREW CEO</b> <input type="checkbox"/> DELETE
NAME	<b>HATTON</b>
STREET ADDRESS	<b>2611 BROOKSHIRE COURT</b>
CITY-ST-ZIP	<b>KISSIMMEE, FLORIDA FL 34746</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>400002690744--0</b>
24 CITY-ST-ZIP	<b>-11/18/98--01071--002</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>***150.00 ***150.00</b>
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>TS. 11/19/98 AR</b>
64 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

SIGNATURE:

*Andrew Hatton*  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**31 August 1998**

CR2E034 (5/98)

**FILED**

**98 NOV -9 PM 3:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

September 21, 1998

Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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To Whom It May Concern:

Please find enclosed the fee of \$150.00 to be paid for the 1998 Annual Report.

It has been brought to my attention that this fee was supposed to be paid in May of 1998. This fee would have been paid at that time had I received some notice from you. Since I am from England and this is the first time that I had formed a corporation in the United States, I was unfamiliar with your laws and policies concerning this annual process. Fortunately, someone informed me of your policy concerning the annual fee just recently, before your planned dissolution of the corporation.

Thank you for sending the proper form to be submitted with the proper fee. Next year we hope to receive the proper form mail from your office, so that we may pay the annual fee on a timely basis.

Sincerely,



Andrew Hatton, C.E.O.

Torscheme Florida, Inc.  
3501 West Vine Street  
Suite 341  
Kissimmee, Florida 34741