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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra P. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	IMEN F# P9700(IGHT TOUCH MAINTENANCE	0029433 (4) e, inc.			
Principal Place of Business		Mailing Address		T IN DIRECT THE LULLI INDEA DEAL DEAL DESIR OF THE ACT	
1115 E COUNTY CLUB CIR PLANTATION FL \$3317		1115 E COUNTY CLUB PLANTATION FL 33317	CIR		
PERMITTION	, .	PENNINION IE 00017		DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 03/31/1997 	
2. Principal	Place of Business	2a. Mailing Address		4. FEL Number	Applied For
26		26		65-02/6265	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23	Cznatro	Zep	Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29	30		Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	Agent
DUPUIS, RENE			81 Name		
1115 E COUNTY CLUB CIR PLANTATION FL 33317			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANIATION PL 33317			83		
			84 City		85 Zip Code
				F <u>l</u>	-
agent. I s	am familiar with, and accept the obligation of a precision of FICERS AND	ations of, Section 697.0505, F	lorida Statutes. H. Registared Apost signature requ. 13.	poration submits this statement for the purpose of the solution's board of directors. I hereby accept the appendix when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	ŬP	DELETE	1.1 DILE		Change Addition
NAME	DUPUIS, RENE		1.2 NAME		
STREET ADDRESS	1115 E COUNTY CLUB CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PLANTATION FL 33317	DELFIE	1.4 CHY+S1-2IP 2.1 THE		Change Addition
NAME		LJ Mille	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CHY+ST-ZIP		
TITLE	1	DITETE	3.1 TITLE		☐ Change ☐ Addition
NAME	1		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ACORESS 3.4 CHIY-ST-7HP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STORES ADDRESS			5.2 NAME		2017
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ACORESS 5.4 CITY-ST-ZIP		QU
TITLE		DELETE	6.1 T(TLE	المعادل الراجان مدادي المدادي والمداد والمداد والمداد والمداد والمداد والمداد والمداد والمداد والمداد	Change Addition
NAME			6.2 NAME	60 00025562 -06/12/98010530	កើ∦ារៀក ៖ រាមប
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	lji.
CITY-ST-ZIP			64 CITY - ST - ZIP	www.a.l.hitt.fift	

14. Thereby 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 supplienced 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 on on an attachment with an address

FILED

Jun 11 1998 8:00am

Secretary of State