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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name P97000066086 (4) THE TOUCH-UP CO.

FILED Apr 17 1998 8:00am Secretary of State



Principal Placi	e or trusiness	Mailing Address			
147 MARINA		147 MARINA DEL REY CT			
CLEARWATER	FL 33767	CLEARWATER FL 33767		DO NOT MIDITE IN THIS COACE	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		· · · · · · · · · · · · · · · · · · ·		08/01/1997	
	lace of Business	28. Mailing Address	c. 1	4. FEI Number Applied I	
21 3402	Coral Springs Dr.	26 3402 Coral	Springs		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired Status Desired \$8.75 Addition	
22		27		Fee Required	
City & State		City & State	Λ.	6. Election Campaign Financing \$5.00 May B	3е
23 Coral	Springs FL Country	28 Corel Sprin	95, FL	Trust Fund Contribution	s
Zip	Country	Z ip	Country	8. This corporation owes or has paid the current year Intangible	6
24 3 30	G 5 25	29 33065 30	5] 8	Personal Property Tax due June 30. Yes No	
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
SC	ULLY, ROSEMARY		81 Name		
447 SAADINA DEL DELLOT					
500000				Address (P.O. Box Number is Not Acceptable)	
լ Նև	EARWATEH PL 33/0/		83 40	2 Coral Springs Dr.	
1			85		'
			84 City	85 Zip Code	
			, C	oral > prings FL 33065	5
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 regist poration's board of directors. I hereby accept the appointment as registe	tered
office or r	egistered agent, or both, in the State a	of Florida. Such change was aut	horized by the corp	poration's board of directors. I hereby accept the appointment as registe	ered
	m laminar with, and accept the bonga	tions of, Section 607.0303, Front	Ja Slaiules.		
SIGNATURE	Signature, typed or printed name of registered ager	Alote p		required when reinstating) DATE.	
	OFFICERS AND	·			
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	ddition
TITLE	D	☐ DELETE	1.1 TITLE	,_,	anitiou
NAME	SCULLY, EDWARD M SR.		1.2 NAME	1000	
STREET ADDRESS	147 MARINA DEL REY CT		1.3 STREET ADDRESS	3402 Coral Springe Ur.	ļ
CITY - ST - ZIP	CLEARWATER FL 33767		1.4 CITY - ST - ZIP	3402 Coral Springe Dr. Coral Springs, FL 33065	
TITLE	D	☐ DELETE	2.1 TOLE	∠ Change	ddition
NAME	SCULLY, ROSEMARY		2 2 NAME		
STREET ADDRESS	147 MARINA DEL REY CT		2.3 STREET ADDRESS	3402 Coral Serinas Dr.	ì
	CLEARWATER FL 33767			3402 Coral Springs Dr. Coral Springs, FL 33065	
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THLE		☐ DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME		j	4. 2 NAME)
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CITY - ST - ZIP		DELETE	4.4 City-St-ZiP	Change A	ddition
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NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		_ [
TITLE		☐ DELETE	61 TITLE	Change A	ddition
NAME			6.2 NAME	• –	
1					
STREET ADORESS			6.3 STREET ADDRESS		Į
City-ST-ZiP	- 1.7 T		6.4 CITY-ST-ZIP		
I 14. Thereby c	sertify that the information supplied wit	th this filing does not qualify for t	he exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	ation

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 of 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.