

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 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1970000061945
1. Corporation Name
Touch of Love Retirement, Inc.

FILED
98 OCT 20 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <u>10132 NW 23rd St.</u>		25 <u>2895 W. Sun. Blvd.</u>		65-0782603		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>			
23 <u>Coral Springs, FL</u>		28 <u>Ft. Ldle, FL</u>		8. This corporation owes or has paid the current year intangible		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Personal Property Tax due June 30.			
24 <u>33065</u>		29 <u>33311</u>		30 <u>Broward</u>			
Country		Country					
25 <u>Broward</u>		30 <u>Broward</u>					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
John A. Williams 2895 W. Sunrise Blvd. Ft. Ldle., FL 33311		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 John A. Williams DATE 10/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>Bobsilyn Greaves</u>		1.2 NAME <u>300002670493--9</u>	
STREET ADDRESS <u>10132 NW 23rd Street</u>		1.3 STREET ADDRESS <u>-10/22/98-01089-015</u>	
CITY-ST-ZIP <u>Coral Springs, FL 33065</u>		1.4 CITY-ST-ZIP <u>*****8.75 *****8.75</u>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <u>Vice President</u>		2.2 NAME <u>300002670493--9</u>	
STREET ADDRESS <u>Robert McKenzie</u>		2.3 STREET ADDRESS <u>-10/22/98-01089-016</u>	
CITY-ST-ZIP <u>10132 NW 23rd Street</u>		2.4 CITY-ST-ZIP <u>*****550.00 *****550.00</u>	
CITY-ST-ZIP <u>Coral Springs, FL 33065</u>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
NAME <u>Secretary</u>		3.3 STREET ADDRESS	
STREET ADDRESS <u>Nicole Greaves</u>		3.4 CITY-ST-ZIP	
CITY-ST-ZIP <u>10132 NW 23rd Street</u>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <u>Coral Springs, FL 33065</u>		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
NAME <u>Treasurer</u>		4.4 CITY-ST-ZIP	
STREET ADDRESS <u>Bobsilyn Greaves</u>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <u>10132 NW 23rd Street</u>		5.2 NAME	
CITY-ST-ZIP <u>Coral Springs, FL 33065</u>		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 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: Bobsilyn Greaves DATE 10/17/98 (954) 791-1103