

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90150 046 \*\*\*150.00

DOCUMENT # **P97000089131**

1. Corporation Name  
**IN-TOUCH INC.**

Principal Place of Business  
**2050 SPECTRUM BLVD.  
FT. LAUDERDALE FL 33309**

Mailing Address  
**2050 SPECTRUM BLVD.  
FT. LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0795413</b>	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24		29		30	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UMANSKY, RAPHAEL D  
2050 SPECTRUM BLVD.  
FT. LAUDERDALE FL 33309**

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PCOE	<input type="checkbox"/> DELETE			
NAME	BOOTH, JAMES H.				
STREET ADDRESS	2050 SPECTRUM BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE	VCOO	<input type="checkbox"/> DELETE			
NAME	GILMARTIN, KATHLEEN				
STREET ADDRESS	2050 SPECTRUM BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE	VTD	<input type="checkbox"/> DELETE			
NAME	HAGGARD, PAUL				
STREET ADDRESS	2050 SPECTRUM BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	UMANSKY, RAPHAEL D.				
STREET ADDRESS	2050 SPECTRUM BLVD				
CITY-ST-ZIP	FT LAUDERDALE FL 33309				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	O'BRIEN, DANA J.				
STREET ADDRESS	717 FIFTH AVE, SUITE 110				
CITY-ST-ZIP	NEW YORK NY 10022				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GETZ, ROBERT H.				
STREET ADDRESS	717 FIFTH AVE, SUITE 110				
CITY-ST-ZIP	NEW YORK NY 10022				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul Haggard* **Paul Haggard** 04-26-99 (954)958-4700

CR2E034 (11/98)

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