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**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90175 029 ***150.00

1. Corporation	MENT # P98000 IVE COMMERCIAL TOUCH,										
Principal Place	e of Business	Mailing Address			_			11 MMES AB			
14477 WALSINGHAM ROAD NO. 14 LARGO FL 33774 LARGO FL 33774 LARGO FL 33774											
EMILOU I E 3377	•	CANOD TE SSTIT					DO N	OT WRI	TE IN THIS	SPACE	
						3.	Date Incorporated or 03/26/1998	ùualifed			
2. Principal Pl	ace of Business	2a, Mailing Address				4.				Α	pplied For
21		26					59-349	497	? <u>/</u>		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certificate of Status De	sired			Additional
22		27								:	Required
City & State	8	City & State				6.	Election Campaign Fir	_			May Be
23		28	- C				Trust Fund Contribution				to Fees
Zip	Country Zip Col			nuy		8.	This corporation owes Personal Property Tax		ent year inta	ingible ⊠≾∕es	□No
24	9. Name and Address of Curre	29 Agent	30	_		10	Name and Address		Registered A	-	
	5. Hains and Address of Curren	it registeres Agent		81	Name					¥	
SWIRYDENKO, WANDA							0 D N	A	-hlo)		
14477 WALSINGHAM ROAD NO. 14				82	Street At	aaress (F	P.O. Box Number is Not	Accepta	able)		
LARGO FL 33774											
			:	84						85 Zip	Code
			İ	04	City				FL	03 2	{
office or re	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	s authorized	ΙЬУ	the corpor	ation's bo	oard of directors. I here	by accet	pt the appoir	iment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age		TE: Registered	Agen	nt signature req				DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES	TO OF	FICERS AN	D DIRECT	
TITLE			1.1 TIR		ļ						
NAME	Ottorio, market		1.2 NA								}
STREET ADDRESS	14477 WALSINGHAM ROAD N	U. 14			TADDRESS						
CITY-ST-ZIP					T-ZIP					Change	Addition
TITLE		7 perese	2.1 TT 2.2 NA								
NAME	•				ADDRESS						
STREET ADDRESS CITY-ST-ZIP	-		2.4 Ci		1						
TITLE		☐ DELETE	3.1 TII		-					☐ Change	Addition
NAME			3.2 NA	ΜE							
STREET ADDRESS			3.3 ST	REET	T ADDRESS						}
CITY-ST-ZIP			3.4. C								_
TITLE				4.1 TITLE						Change	☐ Addition
NAME			4. 2 N	AME							Ì
STREET ADDRESS			4.3 ST	REET	T ADDRESS						
CITY-ST-ZIP			4.4 CI	TY-5	T-ZIP					<u>-</u> -	
TITLE		☐ DELETE	5.1 TF		Γ					☐ Change	Addition
NAME			5.2 NA								
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP		——————————————————————————————————————	5.4 CI		T- ZIP					<u> </u>	
TITLE		☐ DELETE	6.1 TF							Change	Addition
NAME			6.2 NA	MIC							

CITY-ST-ZIP 14. 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 appearance of the corporation of the receiver of trustee empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: War

STREET ADDRESS