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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (8)S09566 FRESH TOUCH CLEANING SERVICE INC Principal Place of Business Mailing Address 255 LAS PALMAS STREET 255 LAS PALMAS STREET ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0242456 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARKIN, YVONNE 81 hame change ELLIOTT YVONNE Street Address (P.O. Box Number is Not Acceptable) 255 LAS PALMAS STREET **ROYAL PALM BEACH FL 33411** 83 64 City 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 run accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE PARKIN, YVÖNNE NUL# 12 NAME 255 LAS PALMAS STREET STREET ADORESS 1.3 STREET ADDRESS Palmas STRGGT **ROYAL PALM BEACH FL 33411** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE **ELLIOTT, VINCENT** 2.2 NAME NAME 255 LAS PALMAS STREET STREET ADDRESS 23 STREET ADDRESS **ROYAL PALM BEACH FL 33411** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE

6.2 NAME

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 supplier with the information indicated on this annual report or supplier with the information indicated on this annual report or supplier with a man 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 appear with an address.

SIGNATURE:

64-39-98

SIL 836-5680

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP