FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
MAY 1 1995

DOCUMENT # **S25751** **(6)**

1. Corporate Name

THE FINAL TOUCH OF BROWARD COUNTY, INC.

Principal Office Address

11149 NW 39TH ST.
APT. 301
SUNRISE FL 33351
US

Mailing Address

11149 NW 39TH ST
APT. 301
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/17/1991**

3a. Date of Last Report: **07/20/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: **65-0246108** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation qualify for an exemption under § 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, CLEIGHTON
11149 NW 39TH ST.
APT. 301
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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 607.0504 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: (Registered Agent's Signature)

12. OFFICERS AND DIRECTORS

01 Title	DP
02 Name	MOORE, CLEIGHTON
03 Street Address	11149 NW 39TH ST., APT. 301
04 City, St., Zip	SUNRISE FL
05 Title	
06 Name	
07 Street Address	
08 City, St., Zip	
09 Title	
10 Name	
11 Street Address	
12 City, St., Zip	
13 Title	
14 Name	
15 Street Address	
16 City, St., Zip	
17 Title	
18 Name	
19 Street Address	
20 City, St., Zip	
21 Title	
22 Name	
23 Street Address	
24 City, St., Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

31 Title		☐ Change ☐ Addition
32 Name		
33 Street Address		
34 City, St., Zip		
41 Title		☐ Change ☐ Addition
42 Name		
43 Street Address		
44 City, St., Zip		
51 Title		☐ Change ☐ Addition
52 Name		
53 Street Address		
54 City, St., Zip		
61 Title		☐ Change ☐ Addition
62 Name		
63 Street Address		
64 City, St., Zip		
71 Title		☐ Change ☐ Addition
72 Name		
73 Street Address		
74 City, St., Zip		
81 Title		☐ Change ☐ Addition
82 Name		
83 Street Address		
84 City, St., Zip		

14. I hereby certify that the information indicated with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the 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 above, or on an attached rider, showing my title or capacity with an address.

SIGNATURE: 5-1-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title or Capacity

0240296 CP