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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V13230 (0)

1. Corporation Name
DISTINCTIVE TOUCH, INC.



Principal Place of Business: 2201 SE INDIAN ST C-6 STUART FL 34997 US
Mailing Address: P O BOX 7283 #9A JUPITER FL 33468-7283 US

3. Date incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business: 21 22 23 24
2a. Mailing Address: 26 27 28 29 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
26 2201 SE Indian St
27 # C-6
28 Stuart FL
29 34997 30 Martin

4. FEI Number: 65-0309553
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOLLINGSWORTH, TAMARA
1127 SEMINOLE EAST #9A
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name: Hollingsworth, Tamara
82 Street Address (P.O. Box Number is Not Acceptable): 515 SW St. Lucie Street
83
84 City: Stuart FL 85 Zip Code: 34997

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: Tamara Hollingsworth
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/31/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VP	<input type="checkbox"/>
NAME	HOLLINGSWORTH, TAMARA	
STREET ADDRESS	1127 SEMINOLE EAST #9A	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input type="checkbox"/>
NAME	HOLLINGSWORTH, CURTIS	
STREET ADDRESS	1127 SEMINOLE E 9A	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Hollingsworth, Tamara		
1.3 STREET ADDRESS	515 SW St Lucie Street		
1.4 CITY-ST-ZIP	Stuart FL 34997		
2.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Hollingsworth, Curtis		
2.3 STREET ADDRESS	515 SW ST Lucie Street		
2.4 CITY-ST-ZIP	Stuart, FL 34997		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: Tamara Hollingsworth VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1-31-97
DAYTIME PHONE #

CR2E034 (9/96)