

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V28587 (6)

1. Corporation Name

FINISHING TOUCH DESIGNS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:00

Principal Place of Business

Mailing Address

HWY. 17-92
SANFORD FL 32771
US

2351 GENOVA DRIVE
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3125834

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. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREICO, LAURA A
2351 GENOVA DR
OVIEDO FL 32765

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 607.0502 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

Signature of Registered Agent (Print Name, if Registered Agent and the Filing State)

Print Registered Agent signature (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

P

NAME

GREICO, LAURA
2351 GENOVA DRIVE
OVIEDO FL

STREET ADDRESS

CITY, ST, ZIP

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

17. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

18. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

19. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

20. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. 1. TITLE

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP

5. 5. TITLE

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY, ST, ZIP

9. 9. TITLE

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY, ST, ZIP

13. 13. TITLE

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY, ST, ZIP

17. 17. TITLE

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY, ST, ZIP

21. 21. TITLE

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY, ST, ZIP

25. 25. TITLE

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY, ST, ZIP

29. 29. TITLE

30. 30. NAME

31. 31. STREET ADDRESS

32. 32. CITY, ST, ZIP

33. 33. TITLE

34. 34. NAME

35. 35. STREET ADDRESS

36. 36. CITY, ST, ZIP

37. 37. TITLE

38. 38. NAME

39. 39. STREET ADDRESS

40. 40. CITY, ST, ZIP

SIGNATURE:

Laura A Greico

3-10-95

Date

4107-
349-1136

Florida State F