

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 410537 (5)

1. Corporation Name
BARBARA'S BOATIQUE, INC.



Principal Place of Business: **1445 S.E. 17TH ST. FORT LAUDERDALE FL 33316**
Mailing Address: **1445 S.E. 17TH ST. FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified: **09/25/1972** 3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-1436719** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIRER, BARBARA
1445 SE 17TH ST.
FORT LAUDERDALE FL 33316**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BIRER, BARBARA		2 NAME	
STREET ADDRESS: 1639 E. LAKE DRIVE		3 STREET ADDRESS	
CITY- ST- ZIP: FT. LAUDERDALE FL		4 CITY- ST- ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BIRER, JONATHAN		2 2 NAME	
STREET ADDRESS: 1639 E. LAKE DRIVE		2 3 STREET ADDRESS	
CITY- ST- ZIP: FT. LAUDERDALE FL		2 4 CITY- ST- ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BIRER, ROBERT		3 2 NAME	
STREET ADDRESS: 1639 E LAKE DR		3 3 STREET ADDRESS	
CITY- ST- ZIP: FT LAUDERDALE FL		3 4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4 2 NAME	
STREET ADDRESS:		4 3 STREET ADDRESS	
CITY- ST- ZIP:		4 4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5 2 NAME	
STREET ADDRESS:		5 3 STREET ADDRESS	
CITY- ST- ZIP:		5 4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6 2 NAME	
STREET ADDRESS:		6 3 STREET ADDRESS	
CITY- ST- ZIP:		6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: **V.P.** Date: **FEB 27 1996** Daytime Phone #: **954 525 3350**

CR2E034 (12/95)