

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY - 1 10 11 AM '95

DOCUMENT # **L38534 (8)**
Giolanni's Boutique Inc
4275-34TH ST SO Suite 176
ST PETERSBURG FL 33711

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State Apt # etc					4275-34TH ST SO				
City & State					SUITE 176				
Zip					ST PETERSBURG FL				
County					PINELAS				
33711									

3. State (abbr) (or Fed or Qualifier)	3a. Date of Last Report
01/01/1990	4-15-93
4. FEI Number	Applied For / Not Applicable
592985773	
5. Certificate of Status Debarred	\$8.75 Additional Fee Required
X	
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.	
X Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RIEGER JOSEPH
4275-34TH ST SO
ST PETERSBURG FL 33711

81	82	83	84	85
10. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Number is Not Applicable)				
City				
Zip Code				

11. I have read the provisions of Sections 607.0505 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	1. TITLE	1. NAME	1. TITLE
2. STREET ADDRESS	2. STREET ADDRESS	2. NAME	2. TITLE
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. STREET ADDRESS	3. CITY, ST, ZIP
4. NAME	4. NAME	4. NAME	4. TITLE
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. CITY, ST, ZIP
6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. NAME	6. TITLE
7. NAME	7. NAME	7. STREET ADDRESS	7. CITY, ST, ZIP
8. STREET ADDRESS	8. STREET ADDRESS	8. NAME	8. TITLE
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. STREET ADDRESS	9. CITY, ST, ZIP
10. NAME	10. NAME	10. NAME	10. TITLE
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. CITY, ST, ZIP
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. NAME	12. TITLE
13. NAME	13. NAME	13. STREET ADDRESS	13. CITY, ST, ZIP
14. STREET ADDRESS	14. STREET ADDRESS	14. NAME	14. TITLE
15. CITY, ST, ZIP	15. CITY, ST, ZIP	15. STREET ADDRESS	15. CITY, ST, ZIP
16. NAME	16. NAME	16. NAME	16. TITLE
17. STREET ADDRESS	17. STREET ADDRESS	17. STREET ADDRESS	17. CITY, ST, ZIP
18. CITY, ST, ZIP	18. CITY, ST, ZIP	18. NAME	18. TITLE
19. NAME	19. NAME	19. STREET ADDRESS	19. CITY, ST, ZIP
20. STREET ADDRESS	20. STREET ADDRESS	20. NAME	20. TITLE
21. CITY, ST, ZIP	21. CITY, ST, ZIP	21. STREET ADDRESS	21. CITY, ST, ZIP

D/R
RIEGER JOSEPH
4275-34TH ST SO
ST PETERSBURG FL 33711

D/V
GREGORIE RIEGER
4275-34TH ST SO
ST PETERSBURG FL

600001478206
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****208.75 ****208.75

Tail
3-1-95

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information furnished on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee appointed to oversee this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95
813-864-0101