

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V17709 (9)**

1. Corporation Name
DISCRETIONS, CONSIGNORS BOUTIQUE, INC.

Principal Place of Business Mailing Address
**3038 L NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316** **3038 L NORTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/27/1992 **05/01/1994**

2. Principal Place of Business		2b. Mailing Address		4. FEI Number		Applied For	
21		26		65-0323817		Not Applicable	
State, Apt. #, etc.		State, Apt. # etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30				
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent

**WILLIAMSON, GEORGE A.
1111 SOUTHEAST THIRD AVENUE
FT. LAUDERDALE FL 33316**

10. Name and Address of Now Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 907.0502 and 907.1509, 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 907.0505, Florida Statutes.

SIGNATURE

(Print or type registered office or registered agent's name and address)

(Print registered agent's name and address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D YOUTIE, DEBORAH F.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	5320 N.E. 15 AVENUE	2. NAME	
3. CITY & ZIP	FT. LAUDERDALE FL	3. STREET ADDRESS	
4. DATE		4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY & ZIP		7. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. DATE		8. NAME	
9. NAME		9. STREET ADDRESS	
10. STREET ADDRESS		10. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY & ZIP		11. NAME	
12. DATE		12. STREET ADDRESS	
13. NAME		13. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. NAME	
15. CITY & ZIP		15. STREET ADDRESS	
16. DATE		16. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. NAME	
18. STREET ADDRESS		18. STREET ADDRESS	
19. CITY & ZIP		19. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the County Clerk, certify that the information supplied with this filing is substantially true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer of the Board of the Corporation of the Secretary of State and I have received the report as required by Chapter 1227, Florida Statutes, and that my name appears in the file of this corporation as an officer or director.

SIGNATURE: *D. Youtie* *D. Youtie*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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