FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50766 (7)

1. Corporation Name
BRIDAL PLACEMENTS OF BOCA INC.

Principal Place of Business	Mailing Address
1075 BROKEN SOUND PARKWAY BOCA RATON FL 33487-524 US	116 WELSH ROAD HORSHAM PA 19044 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 991 PARK of Commerce BLVD
22: Suite, Apt. #, etc.
23: City & State: Boca RATON FL
24: Zip: 33487
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0351207 ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PICCIONE, VINCENT E	12 NAME	
STREET ADDRESS	116 WELSH RD.	13 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PICCIONE, MICHELE	22 NAME	
STREET ADDRESS	116 WELSH RD.	23 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, LEWIS E	32 NAME	
STREET ADDRESS	116 WELSH RD.	33 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	34 CITY-ST-ZIP	
TITLE	AC	41 TITLE	☐ Change ☐ Addition
NAME	WELTZ, JOESPH F	42 NAME	
STREET ADDRESS	116 WELSH RD.	43 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Lewis E. Taylor 4/27/95 215-657-53[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C99941 FP