

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M69730

(3)

1. Corporation Name

BIZARRE BAZAAR, INC

Principal Place of Business

Mailing Address

7040 BERACASA WAY
BAY 8
BOCA RATON FL 33433

7040 BERACASA WAY
BAY 8
BOCA RATON FL 33433



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COBETTI, CATHY
7040 BERACASA WAY
DEL MAR SHOPPING VILLAGE
BOCA RATON FL 33433

3. Date Incorporated or Qualified

02/26/1988

3a. Date of Last Report

01/18/1995

4. FEI Number

65-0047526

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. 190.032,
Florida Statutes

Yes No

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(403) Registered Agent signature required when registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	MARIANO, FRANK	
STREET ADDRESS	C/O 7040 BERACASA WAY, BAY 8	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	PTD	☐ DELETE
NAME	COBETTI, CATHY	
STREET ADDRESS	C/O 7040 BERACASA WAY, BAY 8	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	☒ Change ☐ Addition
12 NAME	DiTonno, Maryanne	
13 STREET ADDRESS	c/o 7040 Beracasa Way, Bay 8	
14 CITY - ST - ZIP	Boca Raton, Fl 33433	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	300001872703	☐ Change ☐ Addition
52 NAME	-06/24/96--01024--020	
53 STREET ADDRESS	***225.00	
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cathy Cobetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96 407-338-6509

CR2E034 (3/96)