## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 672036 (1) THE SPECIALTY SHOPPE, INC.												
Principal Place of Business				Mailing Address					- I TOBATO BANKA PARIO TABLET ARRIVA NATURA	ı bibil eveli	I BROW DIDIN DITM	1 <b>2 (2 ()</b> () <b>2 ()</b>
1601 BELVEDERE RD			32	322 YORKTOWNE CIRCLE								
SUITE 407 WEST PALM BEACH FL 33406				ATLANTIS FL 33462-1132 US								
US				03					3. Date Incorporated or Qualified	3a. [	Date of Last R	teport
									06/02/1980	01	/29/1996	
	ipal Place of f	Business	2a.	Mailing Address					4. FEI Number		Ar	oplied For
Suite Act # sta			26	Suite, Apt. #, etc.					59-2096787	····	<del></del>	ot Applicable
Suite Apt. #. etc			27	— <sub>1</sub>					5. Certificate of Status Desired	X		Additional equired
City & State			1211	City & State					6. Election Campaign Financing			May Be
23			28						Trust Fund Contribution			to Fees
Zip	Country			Zip Country					8. This corporation has liability for			. 199.032,
24		25	29						Florida Statutes Yes No			
<b> </b>		ame and Address of Curr	ent Hegis	terea Agent		81	Name		10. Name and Address of New Ro	gistered	Agent	
	MEYER, DE	ENISE S.										
WINDSOR COURT						62	Street	l Addre	ess (P.O. Box Number is Not Accepta	ble)		
PALM BEACH FL 33480									·			
	TALM DET	01112 00100				84	City				DE Zin	Code
}						1 1				Fl		
office age SIGNAT	nt. Lam famili	invisions of Sections 607.08 and prient, or both, in the State with, and accept the oblined appears of procedures of the state of the sections.	igations of	f, Section 607.0505, F	lorida St	tatutes			oration submits this statement for the on's board of directors. I hereby acce ad when reinstating)	_	of changing it oppointment as	ts registered registered
12.		OFFICERS A	NADIRE		13				ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PVP			☐ DELETE		TITLE					Change	Addition
NAME		ER, DENISE S				NAME						
STREET ADO		NDSOR COURT					ADDRESS	1				
CITY-ST-Z	ST	M BEACH FL		DELETE		CITY-S	T-ZIP	<del> </del> -	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	,	er, denise s.				NAME		1			onange	المرابعة الم
STREET ADO		NDSOR COURT			2.3	STREET	ADDRESS					
CITY-ST-Z	PALI	M BEACH FL			2 4	4 CITY-S	ST-ZIP					
TITLE				DELETE	31	TITLE		]	171	-	Change	Addition
NAME						NAME						
STREET ADI							ADDRESS					Ì
CITY-ST-Z	<u>11P</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE		CITY-S	ST - ZIP	<del> </del> -			Change	Addition
TITLE				had DELETE		I TITLE 2 NAME		1			Ci change	LL MOUILION
STREET ADI	narce				1		ADDRESS					
CITY-S1-Z						CITY-S						
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE		TITLE		+			Change	Addition
NAME					5.2	NAME		}				
STREET AD	DRESS				5.3	STREET	ADDRESS					
CHTY-ST-Z	716				5.4	CITY-S	I - ZIP					
TITLE				DELETE	6.1	TITLE					Change	Addition
NAME					. I	NAME						
STREET AD	DRESS				6.3	STREET	ADDRESS	: [				

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 cylinged, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

561/845-3845 Davime Phone #

Jan 23 1997 8:00am

Secretary of State

32E034 (9/96)