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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000008612 (9)**

1. Corporation Name
MONIQUE'S BOUTIQUE AND FINGER CONSIGNMENT INC.

Principal Place of Business	Mailing Address
320 N. ATLANTIC AVENUE COCOA BEACH FL 32931	320 N. ATLANTIC AVENUE COCOA BEACH FL 32931-4301

59-3433570

3. Date Incorporated or Qualified: 01/24/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 320 N ATLANTIC AVE BA	26 320 N. ATLANTIC AVE
Suite, Apt. #, etc. 22 BA	Suite, Apt. #, etc. 27 BA
City & State 23 COCOA BEACH, FL	City & State 28 COCOA BEACH, FL
Zip 24 32931	Zip 29 32931
Country 25 BREVARD	Country 30 BREVARD

4. FEI Number: ~~589-44-9992~~ ☐ 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

PETERSON, L. MONIQUE
325 S. 4TH STREET
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: JOAN M. O'BRIEN
82 Street Address (P.O. Box Number is Not Acceptable): 2880 So. ATLANTIC Ave #103
83 COCOA BEACH
84 City: FL 85 Zip Code: 32931

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: Joan M O'Brien — 3/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LISA MONIQUE PETERSON 325 S. 4th St. COCOA BEACH FL 32931	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT JOAN M. O'BRIEN 2880 So. ATLANTIC Ave COCOA Beach, FL 32931	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: Joan M O'Brien — 3/10/97 — 407-799-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102635