

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 385772 (9)

1. Corporation Name

THE ART BOUTIQUE, INC.



Principal Place of Business

Mailing Address

18181 NE 31 CT
STE 2107
NO MIAMI BCH FL 33160
US

18181 NE 31 CT
STE 2107
NO MIAMI BCH FL 33160
US

3. Date Incorporated or Qualified
07/23/1971

3a. Date of Last Report
03/28/1995

2. Principal Place of Business
21 555 S.E. 6TH AVENUE

2a. Mailing Address
26 555 S.E. 6TH AVENUE

4. FEI Number
59-1354880

Applied For
☒ Not Applicable

22 Suite, Apt. #, etc.
4 D

27 Suite, Apt. #, etc.
4 D

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
DELMAR BEACH, FLORIDA

28 City & State
DELMAR BEACH, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33483

25 Country
PALM BEACH

29 Zip
33483

30 Country
PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMSON, LAWRENCE M
18181 NE 31 CT #2107
NO MIAMI BCH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

555 S.E. 6TH AVENUE # 4D

83

84 City

DELMAR BEACH

FL

85 Zip Code

33483

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE
NAME SAMSON, LAWRENCE M
STREET ADDRESS 18181 NE 31 CT #2107
CITY-STATE-ZIP NO MIAMI BCH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 555 S.E. 6TH AVENUE # 4D
1.4 CITY-STATE-ZIP DELMAR BEACH, FLORIDA 33483

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 1996

(407) 243-3639

CR2E034 (12/95)