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 # **547953** **(0)**

1. Corporation Name
THE FRENCH CONNECTION SHOPS, INC.

Principal Place of Business	Mailing Address
412 ERIE DRIVE **JUPITER FL 33458**	**412 ERIE DRIVE** **JUPITER FL 33458**

3. Date Incorporated or Qualified: **09/26/1977**
3a. Date of Last Report: **07/28/1995**

2. Principal Place of Business
21 12850 US #1
Suite, Apt #, etc
22
City & State
23 Juno Beach Fl.
Zip 24 33408 Country 25 P.B.

2a. Mailing Address
26 12850 US #1
Suite, Apt #, etc
27
City & State
28 Juno Beach Fl
Zip 29 33408 Country 30 P.B.

4. FEI Number: **59-1766451** ☐ 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

CARTIER, G. W., JR.
5044 CAYENNE LANE
PALM BCH. GARDENS FL 33410

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	P	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	CARTIER, S.M.		12 NAME	BARBARA L. CARTIER	
STREET ADDRESS	11102 OAK WAY CIRCLE		13 STREET ADDRESS	5044 Cayenne W.	
CITY-ST-ZIP	PALM BCH GARDENR FL		14 CITY-ST-ZIP	Palm Beach Garden Fl.	
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CARTIER, G. W.		22 NAME		
STREET ADDRESS	5044 CAYENNE LANE		23 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Wayne Cartier Jr. 7/10/96 407-626-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #