

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**95 JUL 28 PM 1:16**  
**SECRETARY OF STATE TALLAHASSEE FLORIDA**

**DOCUMENT # 607868 (7)**

1. Corporation Name  
**THE PIEDPIPER BOUTIQUE, INC.**

Principal Place of Business Mailing Address  
**3300 NE 33RD ST. FORT LAUDERDALE FL 33308**      **3300 NE 33RD ST. FORT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/25/1979</b>   | 3a. Date of Last Report<br><b>04/21/1994</b> |
| 4. FBI Number<br><b>59-1934504</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Finance Reporting Requirements <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                     |
|--------------------------------|---------------------|
| 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             |
| 24                             | 25                  |
| 29                             | 30                  |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                                    |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>PAT BULUCOS</b><br><b>3300 N.E. 33RD ST.</b><br><b>FORT LAUDERDALE FL 33308</b> |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 of Registered Agent required when registering.)

| 12. OFFICERS AND DIRECTORS |                       | 13. Additional Officers and Directors |   |
|----------------------------|-----------------------|---------------------------------------|---|
| TITLE                      | PVS                   | 11 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BULUCOS, THOMAS       | 12 NAME                               |   |
| STREET ADDRESS             | 6011 WOODLAND PT. DR. | 13 STREET ADDRESS                     |   |
| CITY, ST, ZIP              | FT. LAUDERDALE FL     | 14 CITY, ST, ZIP                      |   |
| TITLE                      |                       | 21 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 22 NAME                               |   |
| STREET ADDRESS             |                       | 23 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                       | 24 CITY, ST, ZIP                      |   |
| TITLE                      |                       | 31 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 32 NAME                               |   |
| STREET ADDRESS             |                       | 33 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                       | 34 CITY, ST, ZIP                      |   |
| TITLE                      |                       | 41 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 42 NAME                               |   |
| STREET ADDRESS             |                       | 43 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                       | 44 CITY, ST, ZIP                      |   |
| TITLE                      |                       | 51 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 52 NAME                               |   |
| STREET ADDRESS             |                       | 53 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                       | 54 CITY, ST, ZIP                      |   |
| TITLE                      |                       | 61 TITLE                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 62 NAME                               |   |
| STREET ADDRESS             |                       | 63 STREET ADDRESS                     |   |
| CITY, ST, ZIP              |                       | 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)(g), Florida Statutes. I further certify that the information submitted on the 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: *Thomas Bulucos*      **JULY 10/95**      **564-8743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number  
**THOMAS BULUCOS**

CR2E034 (3/95)