

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

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AND  
FILED**

**95 APR 17 PM 1:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # 623481 (9)**

1. Corporation Name  
**THREE'S COMPANY OF BOCA RATON CORPORATION**

Principal Place of Business: **40 S.E. 4TH STREET BOCA RATON FL 33432**

Mailing Address: **40 S.E. 4TH STREET BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **405 E. 4th St Boca Raton**

2a. Mailing Address: **Same as above**

22. City & State: **Boca Raton, Fla.**

23. City & State: **2**

24. Zip: **33432**

25. County: **Fallon Beach**

29. Zip: **30**

30. Country: **FL**

3. Date Incorporated or Qualified: **05/31/1979**

3a. Date of Last Report: **04/29/1994**

4. FEI Number: **59-1938118**

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

**BEVERAGE, PHYLLIS ANNE**  
**40 S.E. 4TH STREET**  
**BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Phyllis Anne Beverage* Vice Pres DATE: **4/10/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>VT</b>
NAME	<b>BEVERAGE, PHYLLIS ANNE</b>
STREET ADDRESS	<b>245 NE 2ND ST</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>RICCIARDI, RICHARD</b>
STREET ADDRESS	<b>4511 S OCEAN BLVD</b>
CITY - ST - ZIP	<b>HIGHLAND BCH, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Phyllis Anne Beverage* DATE: **4/10/95**