PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUM I. Corporation N		381	(3)									
HAND	BAG BOUTIQUE, INC.											
rincipal Place o	f Business	Mail	ing Address					116	87108 1101 01(10 11000 111 8 3 70	HAR HER BIRIN BARI		(
39 OCEANSI	ry Poncezk De Center Beach Fl 33062		C/O GREGORY PONC 39 OCEANSIDE CENT POMPANO BEACH FL	ER								
TOMPARO D	PLACTIFE GARGE		POMPANO DENOTI PE	. 33002					orporated or Qualified 27/1981	3a. Date of	Last Re /18/19	
. Praicipal Plac -	e of Business	2a. 1	Mailing Address					4, FEI Numb	Der 1-2140335	·		opplied For lot Applicable
Suite, Apt. #,	etc.		Suite, Apt. #, etc.						e of Status Desired		\$8.75	Additional Required
City & State		28	Orty & State		,				Campaign Financing			May Be
<i>Ζ</i> φ	Country	· · · · · · · · · · · · · · · · · · ·	⁷ ıp		intry			8. This corp	oration has liability for i			
1	25 9. Name and Address of Cu	29 urrent Registe	red Agent	30	ι			Florida St	tatutes		ent	
PONCEZK, GREGORY 418 E ATLANTIC AVE. DELRAY BCH. FL 33444				81 82 83			eet Address (P.O. Box Number & Not Acceptable)					
					84	City	γ 12 ₂	PUD	Producti	FI	85 Zip	Code
or registered familiar with	the provisions of Sections 607, d agent, or both, in the State of, and accept the obligations of,	Florida, Such a	change was authorize	s, the abo d by the	Ll ove-n corpo	named co oration's	orporati board	ion submits thi of directors. I	s statement for the pur hereby accept the app	rpose of chang ointment as re	ing its registered	egistered office agent. I am
	grature, typied or printed name of registered			L Registered	nogA t	t signature i	equired w	hen reinstaling)		DATE		
2. ILF	OFFICERS P	S AND DIRECT	ORS DELETE	13. 1.11	TITLE			ADDITION	NS/CHANGES TO OFF		IRECTO	RS IN 12 Addition
AM:	PONCEZK, GREGORY			1.2 N							orialigo.	
THEEL ADDRESS	1160 N FEDERAL HWY	•		1.3 S	TREET	ADDRESS						
IY-ST ZP	FT LAUDERDALE, FL 0 ST		DELETE	1.4 C 2 1 T	ITY-S	T-ZIP	ļ				Change	Addition
AM:	PONCEZK, JUNE		DECEN	2.2 N			200	24/6.201	JAAK , JANE		Change	☐ ROUNION
PREST ADDRESS	1160 N. FEDERAL HWY	ſ.				ADDRESS	,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,			
HY SI-7-P	FT. LAUDERDALE FL				ITY-S	T-ZIP		·				
TLE			□ D€LĒTĒ	3.11							Change	☐ Addition
AME FREET ADDRESS				32 N		ADDRESS						
17 - ST - Z-P				4	ITY - S							
ILF	· · · · · · · · · · · · · · · · · · ·		□ DELETE	4. 1 7					************************		Change	Addition
				4.2 N	AME							
IAME IRRET ADDRESS						ADDRESS						
			☐ DELETE		ITY - S				- to - 20 to - 10 to -	[7]	Change	☐ Addition

CITY - S1 - ZIP 64 CITY - ST-ZIP 14. 1 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 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13

5.2 NAME

6 1 TITLE

6 2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

21

22

23

NAME

THE

NAME

STREET ADDRESS

STHEET ADDRESS

 $C(P) \cdot S(P) \cdot Z(P)$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/25/96 - 594-784-9117 Dete Deyting Phone #

Change

☐ Change

Addition

☐ Addition