

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 # F52381 (3)

1. Corporation Name

HANDBAG BOUTIQUE, INC.



Principal Place of Business

Mailing Address

C/O GREGORY PONCEZK  
39 OCEANSIDE CENTER  
POMPANO BEACH FL 33062

C/O GREGORY PONCEZK  
39 OCEANSIDE CENTER  
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified  
10/27/1981

3a. Date of Last Report  
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2140335

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

10. Name and Address of New Registered Agent

PONCEZK, GREGORY  
418 E ATLANTIC AVE.  
DELRAY BCH. FL 33444

81 Name  
PONCEZK, GREGORY

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

83 39 OCEANSIDE CENTER

84 City  
POMPANO BEACH FL 85 Zip Code  
33062

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
P  
PONCEZK, GREGORY  
STREET ADDRESS  
1160 N FEDERAL HWY  
CITY-ST-ZIP  
FT LAUDERDALE, FL 0

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
ST  
PONCEZK, JUNE  
STREET ADDRESS  
1160 N. FEDERAL HWY.  
CITY-ST-ZIP  
FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

1/25/96 - 594-784-7117

CR2E034 (12/95)