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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90044 025 ***150.00

02/22/2003

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F52381

1. Corporation Name

HANDBAG BOUTIQUE, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1981

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2900 W. SAMPLE ROAD

Suite, Apt. #, etc.

22 # 1404 BOURBON

City & State

23 POMPANO BEACH FL

Zip

24 33073

Country

25 BROWARD

2a. Mailing Address

26 1160 N. FEDERAL HWY

Suite, Apt. #, etc.

27 APT # 913

City & State

28 FT LAUDERDALE FL

Zip

29 33304

Country

30 BROWARD

9. Name and Address of Current Registered Agent

PONCEK, GREGORY

~~39 OCEANSIDE CENTER~~

~~POMPANO BEACH FL 33062~~

1160 N. FEDERAL HWY

FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

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

1160 N. FEDERAL HWY

83 APT # 913

84 City

FT LAUDERDALE

FL

85 Zip Code

33304

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]
Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
PONCEK, GREGORY
STREET ADDRESS 1160 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE, FL 0 33304

TITLE ☐ DELETE

NAME ST
PONCEK, JANE
STREET ADDRESS 1160 N. FEDERAL HWY.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 561-750 8300

CR2E034 (11/98)