

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90180 025 ***150.00

DOCUMENT # G93807

1. Corporation Name

BOUTIQUE RAYMONDE G. OF PALM BEACH, INC.



Principal Place of Business

209B WORTH AVE / STE - 211
PALM BEACH FL 33480-4410
US

Mailing Address

209 - B WORTH AVE / STE - 211
PALM BEACH FL 33480-4410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1984

4. FEI Number

59-2387895

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

21 150 WORTH AVE

Suite, Apt. #, etc.

22 # 212

City & State

23 PALM BEACH, FL

Zip Country

24 33480 25 U.S.

2a. Mailing Address

26 150 WORTH AVE

Suite, Apt. #, etc.

27 # 212

City & State

28 PALM BEACH, FL

Zip Country

29 33480 30 U.S.

9. Name and Address of Current Registered Agent

GATEAU, RAYMONDE
209B WORTH AVE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

GATEAU, RAYMONDE

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

150 WORTH AVE - # 212

83

PALM BEACH,

84 City

FL

85 Zip Code

33480

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

☐ DELETE

TITLE

D GATEAU, RAYMONDE

NAME

209B WORTH AVE

STREET ADDRESS:

CITY-ST-ZIP

PALM BEACH FL

TITLE

NAME

STREET ADDRESS:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS:

CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D. GATEAU, RAYMONDE

150 WORTH AVE - # 212

PALM BEACH, FL 33480

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(561) 833-9526

Daytime Phone #

CR2E034 (11/98)