FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87932 (6)

1. Corporation Name
SUSANNE'S BOUTIQUES, INC.

Principal Place of Business	Mailing Address
~~306 N MAIN ST~~ BOX 617 HAVANA FL 32333	~~306 N MAIN ST~~ BOX 617 HAVANA FL 32333

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1987
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21: 117 E. 6th. Avenue
22: Suite, Apt. #, etc.
23: HAVANA, FLA.
24: 32333 Zip
25: USA County

2a. Mailing Address
26: P.O. Box 817 (Same)
27: Suite, Apt. #, etc.
28: HAVANA, FLA.
29: 32333 Zip
30: USA County

4. FEI Number: 57-2834270 ☐ 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

MILLER, WILTON R.
201 SOUTH MONROE STREET
SUITE 500
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SUSANNE D. MILLER - Susanne D. Miller 4-25-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required wherever listed. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, SUSANNE D.	1.2 NAME	
STREET ADDRESS	3015 WINDSOR WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, WILTON R.	2.2 NAME	
STREET ADDRESS	201 S MONROE ST. STE.500	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: SUSANNE D. MILLER - Susanne D. Miller 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

904-222-8611
Daytime Phone #

0400659 FP