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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # K03425



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90053 017 ***150.00

 Corporation 		•					
ELLEN'S	BOUTIQUE INC.						
5: 15:	(D	Mailing Address				,	J \$ \$10 96
10057 CLEARY BLVD. 8180 WILES RD CORAL SPRINGS FL 33067							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/23/1987		ntied For
2. / / / / / / / / / / / / / / / / / / /		<u> </u>	g Address		4. FEI Number Applied Fo Not Applied Fo Not Applied Fo		
21 Suite Ant # etc		Suite Apt # etc	Suite, Apt. #, etc.		\$9.75 Additional		
Suite, Apt. #, etc.		⊢ • • • • • • • • • • • • • • • • • • •	27		5. Certificate of Status Desired		equired
City & State			City & State		6. Election Campaign Financing S5.00 May Be		
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	1	8. This corporation owes the current year		_
24	25	29 30)		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent		Lu	10. Name and Address of New Registers	d Agent	
DAD1	RETT CHEM		81	Name			
BARTLETT, ELLEN 5345 NW 66 AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33067		83				
0011	AL OF HITOO I E GOOD!		63				
		84	City		L 85 Zip	Code	
	4- 44	502 and 607 1509 Etorida Statutes	the abov	e-named com		of changing its	registered
office or n	egistered agent, or both, in the Stat	e of Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florida	a Statutes	3.			-
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE: Re	egistered Age	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.1 T				Change	☐ Addition
NAME	BARTLETT, ELLEN		1.2 NAME				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP			(m) 4 d d size =
TITLE			2.1 TITLE			Change	Addition
NAME	BARTLETT, JOEL	45 NW 66 AVE 238					ì
STREET ADDRESS				TADDRESS	-	- 4	
ST-ZIP	CORAL SPRINGS FL			ST-ZIP		☐ Change	Addition
			3.1 TITLE 3.2 NAME			□ 4=ge	C
				T ADDRESS			
710							
710			3.4. CITY-ST-ZIP 4.1 TITLE			Change	☐ Addition
		_	4. 2 NAME				
				T ADDRÉSS			}
			4.4 CITY-5				
	. · - ·-	☐ DELETE	5.1 TITLE			☐ Change	Addition
			5.2 NAME				
			5.3 STREE	T ADDRESS			
/ID			5.4 CITY-	ST-ZIP			
		☐ DELETE	6.1 TITLE			Change	Addition
			6.2 NAME				
riscoo			6.3 STREE	T ADDRESS			

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 and in 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 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 \$12 or Block 13 if changed, or on an attachment with an address.

ATURE: