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 18 PM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K24620 (2)

1. Corporation Name
NU-2-U BOUTIQUE CO., INC.

Principal Place of Business	Mailing Address
2351 WILTON DR. WILTON MANORS FL 33334 US	2351 WILTON DR. WILTON MANORS FL 33334 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1988
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business 21 2341 Wilton Dr	2a. Mailing Address 26 2341 Wilton Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33305 Country 25	Zip 29 33305 Country 30

4. FEI Number: 65-0058861 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZUCKERMAN, LORI 7902 WILES ROAD CORAL SPRINGS FL 33067	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	STEELE, LORI	1.2 NAME	Lori Steele
STREET ADDRESS	2351 WILTON DR.	1.3 STREET ADDRESS	8581 NW 17St
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	Plantation Fla 33322
TITLE	VP	2.1 TITLE	S D VP ☐ Change ☑ Addition
NAME	STEELE, LORI	2.2 NAME	Donald Zuckerman
STREET ADDRESS	2351 WILTON DR.	2.3 STREET ADDRESS	9352 NW 53 St
CITY-ST-ZIP	WILTON MANORS FL	2.4 CITY-ST-ZIP	Sunrise Fla 33351
TITLE		3.1 TITLE	VP ☐ Change ☑ Addition
NAME		3.2 NAME	Steven J Steele
STREET ADDRESS		3.3 STREET ADDRESS	8581 NW 17St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation Fla 33322
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: Lori Steele Lori Steele 3/10/95 305-563-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240044 CP