

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K24620** (2)

1. Corporation Name

**NU-2-U BOUTIQUE CO., INC.**



Principal Place of Business

Mailing Address

**2341 WILTON DR.  
WILTON MANORS FL 33305  
US**

**2341 WILTON DR.  
WILTON MANORS FL 33305  
US**

3. Date Incorporated or Qualified

**05/25/1988**

3a. Date of Last Report

**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1504 Jensen Bch Blvd**

**26 1504 Jensen Bch Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Jensen Bch Fla**

**28 Jensen Bch. Fla**

Zip

Country

Zip

Country

**24 34957**

**25 Martin**

**29**

**30 Martin**

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)

**9352 NW 53 St  
Sunrise**

**84** City

**33351 FL**

**85** Zip Code

**33351**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **STEELE, LORI**  
CITY-ST-ZIP **8581 NW 17 STREET  
PLANTATION FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Steele Lori**  
1.3 STREET ADDRESS **9352 NW 53 St**  
1.4 CITY-ST-ZIP **SUNRISE, FLA 33351**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **ZUCKERMAN, DONALD**  
CITY-ST-ZIP **9352 NW 53 ST.  
SUNRISE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **STEELE, STEVEN J**  
CITY-ST-ZIP **8581 NW 17 STREET  
PLANATATION FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **9352 NW 53 St**  
3.4 CITY-ST-ZIP **Sunrise FLA 33351**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-96 407-225-**

CR2E034 (12/95)