

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATE FILINGS

APPROVED
AND
FILED

95 MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M65233

(2)

1. Corporation Name

PETITE CONNECTION OF DELRAY, INC.

Principal Place of Business

1020 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

1020 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1988
3a. Date of Last Report 04/29/1994

4. FEI Number 65-0027195
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

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Locality

9. Name and Address of Current Registered Agent

ISENBERG, WILLIAM S.
THE ADVOCATE BUILDING, SUITE 200
315 SOUTHEAST 75th STREET
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 607.05(1) and 607.15(8), 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 607.05(1), Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when first registered)

(Signature of Registered Agent required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	FROST, THERESA
3. STREET ADDRESS	22017 PALMS WAY #3105
4. CITY, ST, ZIP	BOCA RATON FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.01(2)(b), Florida Statutes. Further, I certify that the information included in this annual report or supplementary 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 majority business owner empowered to execute this report as required by Chapter 607, Florida Statutes, and that my duties appear in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

407-243-4618