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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 23 1997 8:00am Secretary of State

1997 DOCUMENT # M82602 1. Corporation Name THE BREAST FEEDING BOUTIQUE, INC.										
Principal Place of Business 575 \$W 4 CIRCLE DOCA RATON FL 33486			Mailing Address 1575 SW 4 CIRCLE BOCA RATON FL 33488-4414							
							3. Date Incorporated or Qualified 06/01/1988		Date of Last R 3/01/1996	eport
1	Place of Business		2a. Mailing Address				4. FEI Number		 	plied For
L			26				NOT APPLICABLE			t Applicable
Suite, Api	t. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ate		City & State				6. Election Campaign Financing		\$5.00	
}			28				Trust Fund Contribution		Added t	
Ζιρ	Country	/	Zip	_ Co	ountry		8. This corporation has liability for	r intangib	le tax under s	199.032,
L	25		29	30				Yes		
	9. Name and Addre	ss of Current	Registered Agent		-		10. Name and Address of New R	egistere	d Agent	
	ONES, JENNIFER L				81	Name				
	75 SW 4 CIRCLE				82	Street Add	fress (P.O. Box Number is Not Accepta	able)		
BC	DCA RATON FL 33486				63					
					84	City		F	85 Zip (Code
Pursuan office or agent 1	nt to the provisions of Sect registered agent, or both am familiar with, and acc	ions 607.0502 , in the State o	and 607.1508, Florida Sta of Florida, Such change wi	itutes, the as authoriz	above ed by	named cor the corpora	poration submits this statement for the ation's board of directors. I hereby according			s registered registered
agent. I GNATURE	am familiar with, and acco	ept the obligat	ions of, Section 607.0505, and title if applicable.	Florida St	atutes red Ager		uired when reinslating)	purpose ept the ap DATE	of changing it opointment as	
agent. I GNATURE 2.	am familiar with, and acco	ept the obligat	ions of, Section 607.0505, and title if applicable.	Florida Str NOTE: Register 18	atutes red Ager			purpose ept the ap DATE	of changing it opointment as	3S IN 12
agent I SNATURE	Signature, typed or perited name Of V JONES, RICHARD	ept the obligat of registered agent FFICERS AND SCOTT	and title if applicable. DIRECTORS	Florida Str NOTE Register 13	atutes red Ager		uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOR	3S IN 12
agent I SNATURE : E	Signature, typed or perited name Of V JONES, RICHARD 3 s 4505 NW 6TH AVE	ept the obligation of registered agent FFICERS AND SCOTT	and title if applicable. DIRECTORS	Florida Str NOTE: Register 13 1.1 1.2	ed Ager TITLE NAME		uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOR	3S IN 12
agent, i GNATURE E. E. ME RELIADDRESS Y-SI-ZIP	Signature, typed or printed name Of V JONES, RICHARD S S 4505 NW 6TH AVE POMPANO BEACH	ept the obligation of registered agent FFICERS AND SCOTT	and title if applicable (I	Florida Sti NOTE: Register 13 1.1 1.2 1.3 1.4	atules red Ager . TITLE NAME STREET CITY-SI	nt signature requ	uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOF	RS IN 12
agent, I SNATURE E E ME ME SEEL ADDRESS Y+S1-ZIP E	Signature, typed or printed name Of V JONES, RICHARD 4 55 4505 NW 6TH AVE POMPANO BEACH PD	ept the obligated agent FFICERS AND SCOTT FL	and title if applicable. DIRECTORS	Florida Sti NOTE: Register 13 1.1 1.2 1.3 1.4 2.1	atutes red Ager J. TITLE NAME STREET / CITY-ST	nt signature requ	uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOR	RS IN 12
Agent, I GNATURE 2. IE ME REEL ADDRESS IV ST-ZIP IE ME	am familiar with, and accident special process of the special proces	ept the obligated agent FFICERS AND SCOTT FL	and title if applicable (I	Florida Str NOTE Register 13 1.1 1.2 1.3 1.4 2.1 2.2	atutes red Ager TITLE NAME STREET I CITY-ST TITLE NAME	ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOF	RS IN 12
Agent I GNATURE	am familiar with, and accident states by the states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (I	Florida Str NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	atutes red Age/ TITLE NAME STREET, CITY-SI TITLE NAME STREET	ADDRESS 1- ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOF	RS IN 12
AGENT I GNATURE 2. IF ME REELADORESS IV-SI-ZIP UR REELADORESS IV-SI-ZIP	am familiar with, and accident special process of the special proces	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE	Florida Str NOTE Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	ed Age/ TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-SI CITY-SI CITY-SI	ADDRESS 1- ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	RS IN 12 Addition Addition
agent I GNATURE 2. If ME REFLADDRESS IV. ST-ZIP LE ME REFLADDRESS IV. ST-ZIP LE ME REFLADDRESS IV. ST-ZIP	am familiar with, and accident states by the states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (I	NOTE Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	atules red Ager TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE CITY-ST TITLE	ADDRESS 1- ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it opointment as ND DIRECTOF	RS IN 12
AGENT TO SANATURE P. I. BEH ADDRESS Y ST-ZIP LE ME ME ME ME ME ME ME ME ME	Signature, typed or perited name OF V JONES, RICHARD 3 4505 NW 8TH AVE POMPANO BEACH PD JONES, JENNIFER 4505 NW 8TH AVE POMPANO BEACH	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE	NOTE Register 13 1.1 1.2 1.3 1.4 2.1 22 2.3 2.4 3.1 3.2	ATUTE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-S	ADDRESS 1- ZIP ADDRESS 11- ZIP	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	RS IN 12 Addition Addition
AGENT TO STAND TO STA	Signature, typed or perited name OF V JONES, RICHARD 3 4505 NW 8TH AVE POMPANO BEACH PD JONES, JENNIFER 4505 NW 8TH AVE POMPANO BEACH	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE	NOTE Registered St. 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	ATUTE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	RS IN 12 Addition Addition
AGENT I GNATURE 2. IF ME REELADORESS IV-SI-ZIP UR REELADORESS IV-SI-ZIP	Signature, typed or perited name OF V JONES, RICHARD 3 4505 NW 8TH AVE POMPANO BEACH PD JONES, JENNIFER 4505 NW 8TH AVE POMPANO BEACH	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE	NOTE Register 13 1.1 1.2 1.3 1.4 2.1 22 2.3 2.4 3.1 3.2 3.3 3.4	red Ager TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	RS IN 12 Addition Addition
AGENT TORES AGENT ADDRESS Y-S1-ZIP E ME ME ME ME ME ME ME ME ME	Signature, typed or perited name OF V JONES, RICHARD 3 4505 NW 8TH AVE POMPANO BEACH PD JONES, JENNIFER 4505 NW 8TH AVE POMPANO BEACH	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 4.3 1.3 2.3 3.4 4.1	ATUTOS TITLE NAME STREET, TITLE NAME STREET TITLE NAME STREET TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOR Change	Addition Addition Addition
AGENT TORES E. E	am familiar with, and accident specific parties by the control of	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2	ATUTOS TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOR Change	Addition Addition
AGENT TO STATE OF THE STATE OF	am familiar with, and accident specific parties by the control of	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (DIRECTORS DELETE DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.1 4.2 4.3	ATUTOS TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE	ADDRESS 1-ZIP ADDRESS 11-ZIP ADDRESS 11-ZIP ADDRESS 11-ZIP	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	Addition Addition Addition
AGENT TO GNATURE 2. IT ME SELLADDRESS Y-S1-ZIP UE ME REELADDRESS Y-S1-ZIP UE ME REELADDRESS Y-S1-ZIP UE ME REELADDRESS Y-S1-ZIP UE ME REELADDRESS Y-S1-ZIP UE	am familiar with, and accident specific parties by the control of	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable. (I DIRECTORS DELETE DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.4 4.2 4.3 4.4 5.1	ATUTOS TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TITLE TITLE TITLE	ADDRESS 1-ZIP ADDRESS 11-ZIP ADDRESS 11-ZIP ADDRESS 11-ZIP	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOR Change	Addition Addition Addition
AGENT TO GNATURE 2. LE ME SELLADDRESS Y-S1-ZIP LE ME REELADDRESS Y-S1-ZIP LE ME ME HELLADDRESS Y-S1-ZIP LE ME ME ME ME ME ME ME ME ME	am familiar with, and accident states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (DIRECTORS DELETE DELETE	Florida St. 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.1 4.2 4.3 4.4 5.1 5.2	ATUTOS TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NA	ADDRESS 1- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP ADDRESS 11- ZIP	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	Addition Addition Addition
AGENT I GNATURE 2. II ME ME RELIADDRESS Y-SI-ZIP II ME ME RELIADDRESS Y-SI-ZIP II ME ME ME HELIADDRESS IY-SI-ZIP II ME ME ME ME HELIADDRESS IY-SI-ZIP II ME	am familiar with, and accident states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (DIRECTORS DELETE DELETE	Florida St. 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.1 4.2 4.3 4.4 5.1 5.2	ATUTOS ATUTOS TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET STREET STREET STREET STREET NAME STREET NAME STREET NAME STREET	ADDRESS 1-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	Addition Addition
AGENT TO GNATURE 2. LE ME SELLADDRESS Y-S1-ZIP LE ME REELADDRESS Y-S1-ZIP LE ME ME HELLADDRESS Y-S1-ZIP LE ME ME HELLADDRESS Y-S1-ZIP LE ME REELADDRESS Y-S1-ZIP LE ME REELADDRESS Y-S1-ZIP	am familiar with, and accident states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (I) DIRECTORS DELETE DELETE DELETE	Florida St. VOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	atutes add Age/ Title NAME STREET, CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI C	ADDRESS 1-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change Change Change Change	Addition Addition Addition
AGENT I GNATURE 2. II ME ME RELI ADDRESS Y-S1-ZIP II ME ME REET ADDRESS Y-S1-ZIP II ME ME HELL ADDRESS Y-S1-ZIP IE ME ME HELL ADDRESS IY-S1-ZIP IE ME ME ME HELL ADDRESS IY-S1-ZIP IE	am familiar with, and accident states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (DIRECTORS DELETE DELETE	Torida St. VOTE Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	ATUTES AND AGE TITLE NAME STREET, CITY-SI TITLE NAME STREET, CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE	ADDRESS 1-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change	Addition Addition Addition
AGENT I GNATURE 2. II ME RELI ADDRESS IV. SI-ZIP LE ME RELI ADDRESS IV. SI-ZIP LE ME RELI ADDRESS IV. SI-ZIP LE ME RELI ADDRESS IV. SI-ZIP	am familiar with, and accident states of the	ept the obligation of registered again FFICERS AND SCOTT	and title if applicable (I) DIRECTORS DELETE DELETE DELETE	Florida St. 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1 4.2 5.3 5.4 6.1	ATUTOS ATUTOS	ADDRESS 1-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	uired when reinslating)	purpose ept the ap DATE	of changing it oppointment as ND DIRECTOF Change Change Change Change	Addition Addition Addition

14. I do hereby 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 indicated on this annual report or suppliemental 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:

NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/-3%-3333 Daytime Phone #