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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

## FILED Apr 23 1998 8:00am Secretary of State

THE BI	REAST FEEDING BOUTIO	RUE, INC.			 	
Principal Place of Business		Mailing Address		I IDAIGOII KAY KORIO KIGRO BIRIK BORKO FIOI DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK DIDIK		
1575 SW 4 CIRCLE 1575 SW 4 CIRCLE BOCA RATON FL 33486 BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE		'ACE	
					3. Date Incorporated or Qualified 06/01/1988	
2. Principal Place of Business		2a. Mading Address		4. FEI Number	Applied For	
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stal	e ·	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Ζ <sub>I</sub> p	Coun 30	try	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	nt year Intangible Yes
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
157	NES, JENNIFER L 75 SW 4 CIRCLE ICA RATON FL 33486		- - - -	Name Street Ac City	ddress (P.O. Box Number is Not Acceptable)	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 applications of a provision of section 607 0505, Florida Statutes.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE JONES, RICHARD SCOTT 1.2 NAM NAME 4505 NW 6TH AVE. STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY: ST. ZIP 1.4 CITY: ST-ZIP DELETE Change Addition 2 1 THLE THEF PD JONES, JENNIFER 2.2 NAME NAME STREET ADDRESS 4505 NW 6TH AVE. 2.3 STREET ADDRESS POMPANO BEACH FL 2 4 CITY - ST - Z#P CITY-ST-ZIP DELETE Change Addition THLE NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-ST ZP DELFTE ☐ Change ☐ Addition TiTLE 4 1 TITLE 4 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4 4 CITY- ST- ZIP CITY-ST Z# DELETE Change Addition TITLE 5.1 TOUR NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST 7IP 5.4 CITY+ST ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I horoby 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 of 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 error an attractment with an address.

SIGNATURE: