Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90108 017 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M93841

1. Corporation Name

THE TRE	E HOUS	e, a Children's	BOUTIQU	E, INC.								
Principal Place	e of Busines	s	Mailing	Address						AIRLI DINIL DIN	iti Bibit Othri Inki	
4721 N OCEAN DR 4721 N OCEAN DR												
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308												
									DO NOT WRITE IN THI	S SPACE		
									3. Date Incorporated or Qualifed		Į	
							_		08/11/1988			
2. Principal P	lace of Busin	ness	2a. Mailing Address						4. FEI Number	Applied For		
21			26						65-0069700		Not Applicable 5 Additional	
Suite, Apt.	#, etc.		27 Sunt	Suite, Apt. #, etc.					5. Certificate of Status Desired		Required	
City & Stat	e		City	City & State					6. Election Campaign Financing		00 May Be	
23			28						Trust Fund Contribution		ed to Fees	
Zip		Country	Zip		Cou	ıntry			8. This corporation owes the current year t	ntangible		
24	25		29	30					Personal Property Tax.	Yes	□No	
	9. Name	and Address of Currer	nt Registered	Agent		<u> </u>			10. Name and Address of New Registere	d Agent		
con	MAN DON'S	ND K				81	Name					
CORBIN, DONALD K. 727 NE THIRD AVENUE						82 Street Add			ss (P.O. Box Number is Not Acceptable)			
SUITE 301						83						
FT. LAUDERDALE FL 33304												
TO ENDUMENTE OCCUT						84	City		F	L 85 Zi	ip Code	
office or r	egistered ag m familiar w	jent, or both, in the State ith, and accept the obliga	of Florida. Stations of, Sect	ion 607.0505, Flo	orida Stati	utes.	tne corp	oration	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing ointment as	its registered registered	
						E: Registered Agent signature require			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
12. TITLE	D	OFFICERS AI	ND DIRECTO	☐ DELETE	13.	m F		1	ADDITIONS/GITANGES TO OF FIGERS /	☐ Chang		
	-	RLICH, PAMELA			1.2 N							
NAME		RTH OCEAN BLVD.			ļ.		TADDDEEC					
STREET ADDRESS	1					STREET ADDRESS						
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TITLE				LI SCELLE						_ `	´	
NAME					4.2 N		* +000500					
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NAME							T ADDRESS		·			
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TITLE				☐ DEFEIE	6.2 N			1			,- <u>L'iouiton</u>	
NAME	1				Q.Z 1V	LANC.		1				

CITY-ST-ZIP 14. I 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 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS