FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004773 (8)**

1. Corporation Name

CONSIGNORS' BOUTIQUE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% KIDS KLOSET 651 W. INDIANTOWN RD. JUPITER FL 33458	% KIDS KLOSET 651 W. INDIANTOWN RD. JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0403548 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Connie's Collection	26 Connie's Collection
Suite, Apt. #, etc. 22 1983 S. Military Tr	Suite, Apt. #, etc. 27 1983 S. Military Tr.
City & State 23 West Palm Beach FL	City & State 28 W. Palm Beach FL.
Zip / Country 24 33415 / 25 USA	Zip / Country 29 33415 / 30 USA

9. Name and Address of Current Registered Agent

SNELL, SHARON
% KIDS KLOSET
651 W. INDIANTOWN RD.
JUPITER FL 33458

10. Name and Address of New Registered Agent

31 Name: Lisa Judd
32 Street Address (P.O. Box Number is Not Acceptable): c/o Kiddie Go Round
33: 4362 Northlake Blvd
34 City: Palm Beach Gardens FL 35 Zip Code: 33410

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: Lisa Judd - Lisa Judd - Treasurer — April 24 95
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	D	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	SNELL, SHARON	1.2 NAME	Cosmos, Connie	
STREET ADDRESS	C/O KIDS KLOSET 651 W. INDIANTOWN RD.	1.3 STREET ADDRESS	c/o Connie's Collection 1983 S. Military Tr	
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	West Palm Beach Fl. 33415	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PHILISTINE, PATRICIA	2.2 NAME		
STREET ADDRESS	C/O LA TI DA 6617 FOREST HILL BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33340	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☑ Change ☐ Addition
NAME	PICCIOLO, TERRY	3.2 NAME	Byard Judith	
STREET ADDRESS	1810 ATL A1A-PROMENADE PLAZA	3.3 STREET ADDRESS	c/o Nice Twice 4412 North Lake Blvd	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	Palm Beach Gardens Fl. 33410	
TITLE	D	4.1 TITLE	Director	☑ Change ☐ Addition
NAME	SNAYD, PATRICIA S	4.2 NAME	Judd Lisa	
STREET ADDRESS	C/O RED BALLOON INC, 1800 FOREST HILL BLVD	4.3 STREET ADDRESS	c/o Kiddie Go Round 4362 Northlake	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	Palm Beach Gardens Fl. 33410	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Judd Lisa Judd — April 24 95 — 407 626 2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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