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

PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90011 015 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P04527

1. Corporation Name

THE HOUSE OF BURGUNDY INC

THE HO	USE OF BURGUNDY, INC.									
Principal Place	e of Rusiness	Mailing Address			•	1			ESI GIBN BIBN 1	BIRII BIRII IRDI
534 W 58TH ST 534 W 58TH ST										
NEW YORK NY 10019 NEW YORK NY 10019										
	•						DO NOT WRI	TE IN THIS	SPACE	<del></del> 1
						3.	Date Incorporated or Qualifed 12/28/1984			-
2. Dringing D	lace of Business	2a. Mailing Address				- A	FEI Number		Δr	oplied For
<del></del> -	lace of business	26. Walling Address				•	13-2900479		_ <del>                                    </del>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		-		<del> </del>				Additional
22	<b>7.7 2. 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3</b>	27				5.	Certifcate of Status Desired		•	equired
City & State	е	City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	itry		8.	This corporation owes the curr	ent year Int		
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			**	10.	Name and Address of New I	Registered	Agent	
DAVA	IS, MARC		[	81	Name					
	2 BRIDGE END RD			82	Street Addre	ss (P	O. Box Number is Not Accepta	able)	-	
	MI LAKES FL 33014		-	83				7. 81 05.5	2 12 - 12 #15 n	1,176,157
IVIII-UN	MI LANCO I E SOO 14			83						影響性!
	•		Į,	84	City				85 Zip	Code
****	to the provisions of Sections 607.050	0 1007 4500 FI-114 CI-14	- 46				aubmite this statement for the	F L	changing its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was au	thonzed	by th	ne corporation	n's bo	ard of directors. I hereby accep	pt the appoir	ntment as re	gistered
agent, ra	im tarrillar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statu	tes.						ţ
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered A		signature required			DATE FICERS AN	D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE:	Registered A	Agent s			ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE:	Registered A	Agent s LE						
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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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS