

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011974 (2)

1. Corporation Name

BAGS BY THEODORA, INC.



Principal Place of Business

2444 NW 63RD STREET
BOCA RATON FL 33496

Mailing Address

2444 NW 63RD STREET
BOCA RATON FL 33496

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

04/13/1995

4. FEI Number

65-0378599

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ZABINSKY, STACEY D
1005 LAKE AVENUE
SUITE 2
LAKE WORTH FL 33460

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer or Director (Typed Name and Address)

Signature of Registered Agent (Typed Name and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ZABINSKY, SANDRA

STREET ADDRESS

2444 NW 63RD STREET

CITY, ST, ZIP

BOCA RATON FL 33496

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE

27. NAME

28. STREET ADDRESS

29. CITY, ST, ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

47. NAME

48. STREET ADDRESS

49. CITY, ST, ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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)(k), 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 an officer or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Zabinsky

407-241-7646
Only One Place #

CR2E034 (12/95)