


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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000011974 (2)**

1. Corporation Name

BAGS BY THEODORA, INC.

Principal Place of Business

**2444 NW 63RD STREET
BOCA RATON FL 33496**

Mailing Address

**4402 N.W. 29TH WAY
BOCA RATON FL 33434-5806
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **8212 Glades Road**
Suite, Apt. #, etc.

2a. Mailing Address
26 **8212 Glades Road**
Suite, Apt. #, etc.

City & State
23 **Boca Raton, FL**

City & State
28 **Boca Raton, FL**

Zip Country
24 **33434** 25 **USA**

Zip Country
29 **33434** 30 **USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Stacey Mullins**
82 Street Address (P.O. Box Number is Not Acceptable)
8212 Glades Road
83
84 City **Boca Raton** FL 85 Zip Code **33434**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ZABINSKY, SANDRA**
STREET ADDRESS **4402 N.W. 29TH WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Zabinsky, Sandra**
1.3 STREET ADDRESS **8212 Glades Road**
1.4 CITY-ST-ZIP **Boca Raton, FL 33434**

2.1 TITLE **Ms. V** ☐ Change ☒ Addition
2.2 NAME **Stacey Mullins**
2.3 STREET ADDRESS **8212 Glades Road**
2.4 CITY-ST-ZIP **Boca Raton, FL 33434**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Sandra Zabinsky

2/13/98

5/01/98 3-2247

CR2E034 (10/97)