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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011974 (2)

BAGS BY THEODORA, INC.		
Principal Place of Business	Mailing Address	
2444 NW 63RD STREET BOCA RATON FL 33496	4402 N.W. 29TH WAY BOCA RATON FL 33434-5806 US	
	00	3. Date Inco
2. Principal Place of Business 21 8313 GLOCES ROOD	26 8313 GIODES ROOM	4. FEI Numb
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate

Feb 18 1998 8:00am Secretary of State

FILED

Principal Place of Business Mailing Address	E FADILION SID IBIEN JIMIS ADEIL DRIIL ONII DAIN 11801 11810 (BSH) INDIL ONII DID LEDI
2444 NW 63RD STREET 4402 N.W. 29TH WAY	
BOCA RATON FL 33496 BOCA RATON FL 33434-5806	DO NOT WRITE IN THIS SPACE
U\$	3. Date Incorporated or Qualified
	12/15/1992
2. Principal Place of Business 2a. Mailing Address	1 4. FEI Number Applied For
27 8212 Glades Road 26 8212 Glades Road	65-0378599 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional
22 27	Fee Required
City & State 23 BOO ROTON, FL 28 BOO ROTON, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip Country	This corporation owes or has paid the current year Intangible
23 33434 25 USA 29 33434 30 USA	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZABINSKY, STACEY D	Stareu mullins
	tdress (P.O. Box Number is Not Acceptable)
	a Glodes Rood
LAKE WORTH FL 33460	
84 Cip2	(C) ROACO FL 85 33434
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corpo agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ration's board of directors. I hereby accept the appointment as registered
agent. Fair rannial with and accept the obligations of, Section 607,0505, Florida Statutes.	
CIONATURE	
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re	quired when reinstating) DATE
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re- 12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re- 12. OFFICERS AND DIRECTORS 13. TITLE PD DELETE 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re 12. OFFICERS AND DIRECTORS 13. TITLE PD DELETE 1.1 TITLE NAME ZABINSKY, SANDRA 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DO Change Addition ZODINSKY, SONORO
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re 12. OFFICERS AND DIRECTORS 13. TITLE PD DELETE 1.1 TITLE NAME ZABINSKY, SANDRA STREET ADDRESS 4402 N.W 29TH WAY 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ZODINSKY, SONOTO 2013 GIODES ROCOL
Signature, typod or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. TITLE PD DELETE 1.1 TITLE NAME ZABINSKY, SANDRA STREET ADDRESS 4402 N.W 29TH WAY CITY-ST-ZIP BOCA RATON FL (NOTE: Registered Agent signature re 12. ADDRESS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D ZChange Addition ZODINSKY, SONOYO SAIA GIODES ROCOL ECCO ROTON, FL 33484
Signature, typod or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. TITLE PD DELETE 1.1 TITLE NAME ZABINSKY, SANDRA 12 NAME STREET ADDRESS 4402 N.W 29TH WAY 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL DELETE 2.1 TITLE TITLE DELETE 2.1 TITLE V	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ZODINSKY, SONOYO SAIA GIODES ROCOL BOYOR ROTION, FL 33484 Change Addition
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Signature, typod or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. TITLE PD LITTLE NAME ZABINSKY, SANDRA STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS STREET ADDRESS 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ZODINSKY, SONOYO SAIA GIODES ROCOL BOYOR ROTION, FL 33484 Change Addition
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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.

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501/923-2017