FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 JUL 25 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P93000035095

1. Corporate Name
PLACE VENDOME OF PALM BEACH INC.

Principal Place of Business
196 TOWN CENTER MALL
BOCA RATON, FL 33431

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1993
3a. Date of Last Report: 1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0415114
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

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

9. Name and Address of Current Registered Agent

SPRUNG, HARRY
1201 S. OCEAN DR.
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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 section 607.0502, 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 that position under 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
SPRUNG HARRY
1201 S OCEAN DR
HOLLYWOOD FL 33019

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Change ☐ Addition

000001547990
-07727/95--01046--010
****225.00 ****225.00

14. I hereby certify that the information supplied with this report is accurate and that I am qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or is indicated as an additional officer or director.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95

(407) 394-9002
Daytime Phone #