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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300008586 (8)

710 N SWINTON AVENUE

DELRAY BEACH FL 33444

DUGGAIN, DARLENE F

710 N SWINTON AVE

**DELRAY BCH FL** 

NANNY'S ATTIC, INC.

Principal F	Place of Business	Mailing Address				
124 N SWINTON AVE DELRAY BEACH FL 33444 US		124 N SWINTON AVE DELRAY BEACH FL 33444 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
					02/03/1993	
2. Principa	at Place of Business	2a. Mailing Address	············		4. FEI Number Applied For	
21		26			65-0386341 Not Applicable	
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & 5	State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	<b>Z</b> ip	Coun	try	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
1	DUGGAN, DARLENE		6	B1   1	Name	
710 N SWINTON AVENUE			Ē	Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33444			•	B3		
] "			E	84	City FL 85 Zip Code	
11. Pursui office agent	ant to the provisions of Sections 607.0502 or registered agent, or both, in the State ( . I am familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida Such change was au tions of, Section 607.0505, Flor	s, the abouthorized ida Statu	by th	e-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered s.	
SIGNATUR	RE					
12.	Signatura, typed or printed name of registered agen OFFICERS AND		Repistered /	Agent (	ent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	11 111	F	Change Addition	
NAME	1 -	- Print	12 NAM	-		
TEAME	DUGGAN, THOMAS J		I Z NUNN	AE.	i	

1.3 STREET ADDRESS

23 STREET ADDRESS

3.3 STREET ADDRESS 3.4. City-St-Zip

4.3 STREET ADDRESS

4 4 CITY-ST-ZIP

2 4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

21 TITLE

2.2 NAME

31 TITLE

3.2 NAME

4.1 TITLE

**4.2 NAME** 

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

DELETE

DELETE

DELETE

DELETE

 TITLE
 DELETE
 61 TITLE
 Change
 Addition

 NAME
 62 NAME
 62 NAME
 CITY-ST-ZIP
 63 STREET ADDRESS
 64 CITY-ST-ZIP
 CITY-ST-ZIP
 64 CITY-ST-ZIP
 <td

5.4 CITY-ST-ZIP

14. Thereby 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 there 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 organ attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

THTLE

NAME

TITLE

NAME

04/30/98

561-278-887

Change

Change

Change

Change

Addition

Addition

Addition

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State