

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000010879 (3)

1. Corporation Name

PANACHE MAGAZINE INCORPORATED

Principal Place of Business

510 PAYNE PARKWAY  
SARASOTA FL 34237  
US

Mailing Address

P O BOX 20277  
SARASOTA FL 34276



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

02/08/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0383128

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

BETZ, B. P  
510 PAYNE PARKWAY  
SARASOTA FL 34237

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

NAME BETZ, PHYLLIS B

STREET ADDRESS ~~5004 AVENIDA DE MARE~~

CITY - ST - ZIP SIESTA KEY FL

TITLE NAME ☐ DELETE

NAME WEBSTER, JUDY C

STREET ADDRESS 2339 RIVERWOOD PINES DR

CITY - ST - ZIP SARASOTA FL 34231

TITLE NAME ☐ DELETE

NAME KEYWORTH, JACK

STREET ADDRESS ~~5421 OXFORD DR.~~

CITY - ST - ZIP SIESTA KEY FL

TITLE NAME ☐ DELETE

NAME MOTARESE, MARNIE

STREET ADDRESS 29 AVE. OF THE FLOWERS

CITY - ST - ZIP LONGBOAT KEY FL 34228

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2296 Arlington Street  
Sarasota, FL 34239

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Zip - 34231

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4385 Independence Court  
Sarasota, FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

MOTARESE, MARNIE  
29 Ave of the FLOWERS

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address.

SIGNATURE:

Phyllis Betz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (941) 951-6112

Daytime Phone #

CR2E034 (12/95)