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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000031396 (3)**

1. Corporation Name

THE WRITE BOUTIQUE, INC.

Principal Place of Business

Mailing Address

**19008 W DIXIE HWY
NORTH MIAMI BEACH FL 33180-2638**

**19008 W DIXIE HWY
NORTH MIAMI BEACH FL 33180-2638**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1993

4. FEI Number

65-0407140

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1849 NE MIAMI GARDENS DR

27 1849 NE MIAMI GARDENS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 No. MIAMI BEACH, FL

28 No. MIAMI BEACH, FL

Zip

Country

Zip

Country

24 33179

25 USA

29 33179

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZUCKERMAN, SHELLIE
2080 NE 205TH ST
NORTH MIAMI BEACH FL 33179**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** ☐ DELETE
NAME **ZUCKERMAN, SHELLIE**
STREET ADDRESS **2080 NE 205TH ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVS** ☐ DELETE
NAME **GOLDMAN, JOANN**
STREET ADDRESS **21150 POINT PL, #806**
CITY-ST-ZIP **AVENTURA FL**

2.1 TITLE **DVS** ☒ Change ☐ Addition
2.2 NAME **GOLDMAN, JOANN**
2.3 STREET ADDRESS **21150 POINT PL, #806**
2.4 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **DST** ☒ DELETE
NAME **LABATON, GAIL**
STREET ADDRESS **1810 N.E. 193RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 in an attachment with an address.

SIGNATURE:

[Signature]

Shellie Zuckerman 4/23/98

CR2E034 (10/97)