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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040345 (9) HELEN'S BOUTIQUE, INC. Principal Place of Business Mailing Address H.J. FRIEDMAN H.J. FRIEDMAN 7351 PROMENADE DR G301 7351 PROMENADE DR G301 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 06/01/1993 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 65-0417538 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WALSER, THOMAS C ESQ 7015 BERACASA WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 **BOCA RATON FL 33433** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME FRIEDMAN, HELEN 1.2 NAME STREET ADDRESS 7351 PROMENADE DRIVE, SUITE D-301 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-78P 1.4 CITY-ST-ZIP TREASURER Addition DELETE TITLE 21 TITLE Change Robert PRUZAN 2 William Pennika NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS EREAT NECK NY 11023 CITY-ST-2IP 2.4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition

CITY-ST-ZIP 6.4 CITY+ST-7IP 14. I hereby certify that the information supplied with this filling 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 J arm 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

8.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED

Apr 02 1998 8:00am

Secretary of State