

07201999-90021-012-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 06/15/99: \$250 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

99.

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000051539 1. Corporation Name FIRST P.B. BOUTIQUE, INC.			
Principal Place of Business		Mailing Address	
		ONE PENN PL 1 PENN PLAZA NEW YORK CITY NY 10119 US	
2. Principal Place of Business	2a. Mailing Address	DO NOT WRITE IN THIS SPACE	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	2. Date incorporated or Qualified 07/23/1993	
22. City & State	27. City & State	4. FEI Number 13-3724703 Applied For ☐ Not Applicable ☐	
23. Zip	28. Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
3. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property: ☐ Yes ☒ No	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	1.1 TITLE ☐ Change ☐ Addition	
CITY-ST-ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE ☐ Change ☐ Addition	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE ☐ Change ☐ Addition	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE ☐ Change ☐ Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE ☐ Change ☐ Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 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: <i>Sheldon A. Satun</i>		7/9/99 212.947.3333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

99 JUL 28 PM 12:56

TALLAHASSEE, FLORIDA



CR2E034 (5/99)