FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000000944 (6)

1. Corporation Name
HARPIES' BAZAAR, INC.

Principal Place of Business
7240 CENTRAL AVE.
ST. PETERSBURG FL 33707

Mailing Address
7240 CENTRAL AVE.
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3231305 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33707 / County 25 PINELLAS	Zip 29 33707 / County 30 PINELLAS

9. Name and Address of Current Registered Agent

LEWIS, GEORGE E JR
7240 CENTRAL AVE.
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

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 ⊛ NORMA S. LEWIS *Norma S Lewis president* ⊛ 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1 TITLE ☐ Change ☐ Addition
NAME	LEWIS, NORMA	1 NAME
STREET ADDRESS	7660 14TH AVE. N.	1 STREET ADDRESS
CITY-ST-ZIP	ST. PETE FL 33710	1 CITY-ST-ZIP
TITLE	P	2 TITLE ☐ Change ☐ Addition
NAME	LEWIS, GEORGE E JR	2 NAME
STREET ADDRESS	7660 14TH AVE. N.	2 STREET ADDRESS
CITY-ST-ZIP	ST. PETE FL 33710	2 CITY-ST-ZIP
TITLE	S	3 TITLE ☐ Change ☐ Addition
NAME	LEWIS, NORMA	3 NAME
STREET ADDRESS	7660 14TH AVE. N.	3 STREET ADDRESS
CITY-ST-ZIP	ST. PETE FL 33710	3 CITY-ST-ZIP
TITLE	T	4 TITLE ☐ Change ☐ Addition
NAME	LEWIS, GEORGE E JR	4 NAME
STREET ADDRESS	7660 14TH AVE. N.	4 STREET ADDRESS
CITY-ST-ZIP	ST. PETE FL 33710	4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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)(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 on an attachment with an address.

SIGNATURE: ⊛ *George E Lewis Vice President* ⊛ 5/1/95 813-343-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE E LEWIS JR

0307718 CP