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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Wynn
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000013923 (5)**

To Corporation Name

THE EXCHANGE CONSIGNMENT BOUTIQUE, INC.

Principal Place of Business: **3533 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33436**
 Mailing Address: **3533 WEST BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33436**

(PLEASE WRITE IN THIS SPACE)

3. Date Incorporated or Organized 02/16/1994	3a. Date of Last Report
4. FEI Number 65-0474307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for unapplicable tax under 15, 1995 O.S. Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. 7122 S Military Trail 22. State Apt. #. 22	2b. Mailing Address 26. 7122 S. Military Trail 27. State Apt. #. 27
23. City & State Lake Worth, FL.	28. City & State Lake Worth, FL.
24. 33463 25. USA	29. 33463 30. USA

9. Name and Address of Current Registered Agent LAMONTAGNE, KEVIN M 640 EAST OCEAN AVENUE SUITE 16 BOYNTON BEACH FL 33435	10. Name and Address of New Registered Agent 81. Name RICK PYLE 82. Street Address (P.O. Box Number is Not Acceptable) 9124 CARMA DR 83. 84. City Boynton Bch FL 85. Zip Code 33437
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11. Pursuant to the provisions of Sections 607.02(2) and 607.02(4) 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. This change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the responsibilities of the registered agent as defined in Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/27/95**

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND REGISTERED AGENTS
NAME SUSANNE PYLE STREET ADDRESS 9124 CARMA DR CITY & STATE BOYNTON BEACH, FL 33437	1. NAME P/T/S <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME SUZANNE PYLE 3. STREET ADDRESS 9124 CARMA DR 4. CITY & STATE BOYNTON BEACH, FL 33437
NAME RICK PYLE STREET ADDRESS 9124 CARMA DR CITY & STATE BOYNTON BEACH, FL 33437	5. NAME RICK PYLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. STREET ADDRESS 9124 CARMA DR 7. CITY & STATE BOYNTON BEACH, FL 33437
NAME RICK PYLE STREET ADDRESS 9124 CARMA DR CITY & STATE BOYNTON BEACH, FL 33437	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 9. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICK PYLE STREET ADDRESS 9124 CARMA DR CITY & STATE BOYNTON BEACH, FL 33437	11. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 13. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICK PYLE STREET ADDRESS 9124 CARMA DR CITY & STATE BOYNTON BEACH, FL 33437	14. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 15. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 16. CITY & STATE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied in this filing is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information is true, correct and complete, and that I am a resident of the State of Florida.

SIGNATURE: *Suzanne Pyle* DATE: **4/28/95** **407-439-2119**

REGISTRAR AND PUBLIC OFFICE OF THE SECRETARY OF STATE