

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000013923 (5)**

1. Corporation Name

**THE EXCHANGE CONSIGNMENT BOUTIQUE, INC.**



Principal Place of Business

7122 S. MILITARY TR.  
LAKE WORTH FL 33463  
US

Mailing Address

7122 S. MILITARY TRAIL  
LAKE WORTH FL 33463  
US

2. Principal Place of Business

21 7122 S. Military TR

Suite, Apt. #, etc.

22 # 11

City & State

23 Lakeworth Fl.

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 7122 S. Military TR

Suite, Apt. #, etc.

27 # 11

City & State

28 Lakeworth Fl.

Zip

29 33463

Country

30 USA

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

~~65-0474907~~

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

9. Name and Address of Current Registered Agent

RICK PYLE  
4124 CARMA DR.  
SUITE 16  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Cynthia D CHAPIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2525 FLORIDA ST  
83 West  
84 City West Palm Beach FL 85 Zip Code 33406

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Cynthia D CHAPIN Cynthia D Chapin

4/23/96

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	SUZANNE PYLE	
STREET ADDRESS	9124 CARMA DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICK PYLE	
STREET ADDRESS	9124 CARMA DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cynthia D CHAPIN	
1.3 STREET ADDRESS	2525 FLORIDA ST	
1.4 CITY-ST-ZIP	West Palm Beach, Fl. 33406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001833650	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/22/96--01012--020	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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:

Cynthia D Chapin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

407-4392779  
DISPATCH NUMBER

CR2E034 (12/95)