FILE NOW: FILING FEE AFTER MAY 1 IS $550

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT STATE
Sandra B. Mortt
Secretary of Stat
DIVISION OF CORPORNS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P94000031993 (6)

1. Corporation Name
LA BONBONIERE OF DESTIN, INC.

Principal Place of Business	Mailing Address
102 BAYSHORE DR NICEVILLE FL 32578	102 BAYSHORE DR NICEVILLE FL 32578-2421

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-3292626 — Applied For / Not Applicable
6. 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
MOORE, BERT
102 BAYSHORE DR
NICEVILLE FL 32578

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 85 — Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a-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 authoriz 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 Sta

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 T	☐ Change ☐ Addition
NAME	SHAHID, ROBERT J JR	1.2 N	
STREET ADDRESS	5375 HWY E 98	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 T	☐ Change ☐ Addition
NAME	SHAHID, BILLIE T	2.2 N	
STREET ADDRESS	309 ELLIOTT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	3.1 T	☐ Change ☐ Addition
NAME	SHAHID, SHAWN	3.2 N	
STREET ADDRESS	667 IDLEWILD CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35205	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the option 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 correct 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: Robert Shahid Jr. (904)837-1197

CR2E034 (9/96)