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FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031993

1. Corporation Name
LA BONBONIERE OF DESTIN, INC.

Principal Place of Business
102 BAYSHORE DR
NICEVILLE FL 32578

Mailing Address
102 BAYSHORE DR
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1150 John Sims Parkway
Suite, Apt #, etc
22
City & State
23 Niceville, FL
Zip 24 32578 Country 25 USA

2a. Mailing Address
26 1150 John Sims Parkway
Suite, Apt #, etc
27
City & State
28 Niceville, FL
Zip 29 32578 Country 30 USA

3. Date Incorporated or Qualified
04/20/1994

4. FEI Number
59-3292626
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] 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
81 Name: Bert Moore
82 Street Address (P.O. Box Number is Not Acceptable): 1150 John Sims Parkway
83
84 City: Niceville FL 85 Zip Code: 32578

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 [signature] Bert Moore 1/21/99
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	SHAHID, ROBERT J JR	
STREET ADDRESS	5375 HWY E 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DV	[ ] DELETE
NAME	SHAHID, BILLIE T	
STREET ADDRESS	309 ELLIOTT RD	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	DST	[ ] DELETE
NAME	SHAHID, SHAWN	
STREET ADDRESS	667 IDLEWILD CENTER	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	D	[ ] DELETE
NAME	MOORE, BERT	
STREET ADDRESS	1150 JOHN SIMS PARKWAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition
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

100002706251--8
-02/05/99--01095--001
****300.00 ****150.00

1/25/99

CR2E034 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Shahid 1/20/99 (850) 243-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #