

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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000031996 (9)**

1. Corporation Name

**LA BONBONIERE OF SOUTH WALTON, 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

3. Date Incorporated or Qualified

**04/20/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAHID, ROBERT J JR.</b>	
STREET ADDRESS	<b>5375 HWY. E. 98</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAHID, BILLIE T</b>	
STREET ADDRESS	<b>309 ELLIOTT RD</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>	

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAHID, SHAWN</b>	
STREET ADDRESS	<b>667 IDLEWILD CENTER</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35205</b>	

TITLE	<del>DP</del>	<input type="checkbox"/> DELETE
NAME	<del>SHAHID, ROBERT J JR.</del>	
STREET ADDRESS	<del>5375 HWY. E. 98</del>	
CITY-ST-ZIP	<del>DESTIN FL</del>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR</b>
4.3 STREET ADDRESS	<b>1160 JOHN JENNS PARKWAY</b>
4.4 CITY-ST-ZIP	<b>NICEVILLE, FL 32578</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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.

SIGNATURE: **BERT MOORE**

**4/30/98**

CR2E034 (10/97)