

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 # P94000031996

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

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 26 1150 JOHN SIMS PARKWAY Suite, Apt. #, etc 27 City & State 28 NICEVILLE, FL Zip 29 32578 Country 30 USA

9. Name and Address of Current Registered Agent MOORE, BERT 102 BAYSHORE DR NICEVILLE FL 32578

81 Name BERT MOORE 82 Street Address (P.O. Box Number is Not Acceptable) 1150 JOHN SIMS PARKWAY 83 City NICEVILLE, FL 84 Zip Code 32578

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] BERT MOORE 11/2/99

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains officer information for SHAHID, ROBERT J JR., SHAHID, BILLIE T, SHAHID, SHAWN, and MOORE, BERT.

Table with 13 columns: 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 15 TITLE, 16 NAME, 17 STREET ADDRESS, 18 CITY-ST-ZIP, 19 TITLE, 20 NAME, 21 STREET ADDRESS, 22 CITY-ST-ZIP, 23 TITLE, 24 NAME, 25 STREET ADDRESS, 26 CITY-ST-ZIP, 27 TITLE, 28 NAME, 29 STREET ADDRESS, 30 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 35 TITLE, 36 NAME, 37 STREET ADDRESS, 38 CITY-ST-ZIP, 39 TITLE, 40 NAME, 41 STREET ADDRESS, 42 CITY-ST-ZIP, 43 TITLE, 44 NAME, 45 STREET ADDRESS, 46 CITY-ST-ZIP, 47 TITLE, 48 NAME, 49 STREET ADDRESS, 50 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 55 TITLE, 56 NAME, 57 STREET ADDRESS, 58 CITY-ST-ZIP, 59 TITLE, 60 NAME, 61 STREET ADDRESS, 62 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)(b), 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 officers empowered.

SIGNATURE: [Signature] SHAHID, ROBERT J JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1994 4. FEI Number 59-3292623 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 10. Name and Address of New Registered Agent

000002766248-7 -02/05/99-01095-001 ****300.00 ****150.00

289 1/25/99

1/20/99 (850) 243-4808