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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000049556 (1)

1. Corporation Name

HEH BOUTIQUE OF THE PALM BEACHES, INC.



Principal Place of Business

150 WORTH AVE
ESPLANADE WORTH AVE STORES #119 & 121
PALM BEACH FL 33401

Mailing Address

% GOODMAN CO ESPLANADE WORTH AVE #119-121
777 S FLAGLER DR PHILLIPS POINT 3 TWR 1101
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0592520

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

VAN ANDEL, PETER
777 S FLAGLER DR
PHILLIPS POINT EAST TOWER SUITE 500
WEST PALM BEACH FL 33401-6194

10. Name and Address of New Registered Agent

81 Name

GARRY L. WITT

82 Street Address (P.O. Box Number is Not Acceptable)

777 S FLAGLER DRIVE

83

SUITE 1101 E

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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 of individual or corporate name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

GARRY L. WITT

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GOODMAN, MURRAY H
STREET ADDRESS
% 777 S FLAGLER DR PHILLIPS PT E TWR 1101
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
V
GEIST, MINNIE S
STREET ADDRESS
777 S FLAGLER DR. STE 1101
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☒ DELETE

NAME
VS
BACHOVE, CRAIG M
STREET ADDRESS
777 S FLAGLER DR., STE 1101
CITY-ST-ZIP
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

VS

SHAWALTER, WILLIAM A.

777 S FLAGLER DR, STE 1101 E

WEST PALM BEACH, FL 33401

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

14. I do 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:

MINNIE S. GEIST

4/30/97

(561) 833-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)