

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90034 031 ***158.75

DOCUMENT # **P94000049556**

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 33401-6194**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WITT, GARRY L
777 S FLAGLER DR
SUITE 1101E
WEST PALM BEACH FL 33401**

81 Name **Lawrence A. Silvestri**

82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Flagler Drive

83 **Suite 1101E**

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 **Lawrence A. Silvestri, Esquire**

Lawrence A. Silvestri

DATE

4/27/99

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

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE **VS** ☐ DELETE

NAME **SHEWALTER, WILLIAM A**
STREET ADDRESS **777 S FLAGLER DR., SUITE 1101E**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

William A. Shewalter
4-27-99
William A. Shewalter, Vice President/Secretary

(561) 833-3777

Date

Daytime Phone #

CR2E034 (11/98)

0575733