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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000067621 (0)

FILED Apr 24 1998 8:00am Secretary of State

REPLAY BOUTIQUE, INC.										
Principal Plac		Mai	Mailing Address					, (Amilian: 148 2011) mili anii mili anii 2011 fili	1 # 2 1 # 4 1 1	1491 II41 I 4 21
1419 10TH STREET			1419 10TH STREET LAKE PARK FL 33404							
LAKE PARK FL 33404 LAKE PARK FL 33404								DO NOT WRITE IN THIS S	PACE	
								3. Date Incorporated or Qualified 09/09/1994		
2. Principal Place of Business 21			2a, Mailing Address 26					4. FEI Number 65-0530309		pplied For ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22			27					o. Commodio of Olarido Desired	Fee R	equired
City & State			City & State					6. Election Campaign Financing		May Be
Zip	Country	28	Zip Country					Trust Fund Contribution		to Fees
24	├ ──			30	_ ´			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
	9. Name and Address of Curren		red Agent	[30]	T			10. Name and Address of New Registered A		
DA	NIELS, BRUCE J P.A.				81	Name				
811 NORTH OLIVE AVENUE SUITE 200					82	Street	Addres	ess (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401										
					84	City			85 Zip	Code
						,		FL.		
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										ts registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes										709/010/00
SIGNATURE										
12.	Signature, typed or printed name of migisterial ago OFFICERS ANI			E. Registere	d Age	nt signature	prequired	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	20 INI 42
TITLE	D DELETE			1.1 TITLE		· ·		Change	Addition	
NAME	GOBER, DARLENE				1.2 NAME				- •	
STREET ADDRESS	ET ADDRESS 1018 WOODFIELD CIRCLE					ADDRESS				
CITY-ST-ZIP PALM BEACH GARDENS FL 3			1.4 (1.4 CITY - ST - ZIP				Į:
TITLE			DELETE	2.1 71					Change	Addition 1
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREET ADDRESS					
CITY-ST-ZIP						ST - ZIP				
TITLE						3.1 TITLE			Change	Addition
NAME				3.2 N]			
STREET ADDRESS				3.3 S	TREET	ADDRESS	1			
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NAME				4.2 N						
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CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE		ļ		Change	Addition	
NAME			L. OLLLIE					L	Ononge	Aldotton
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS						
CITY-ST-ZIP					5.4 City - St - ZiP					
TITLE			DELETE	6.1 TI		t : £11	l		Change	Addition
NAME				6.2 N				•		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				64 Ci				-		
	certify that the information supplied w	ith this fde	no does not qualify f				ed in Se	ection 119.07(3)(i). Florida Statutes. I further cert	ify that the	information

Information supplied with this limit does not qualify for the exemption stated in section 1 19.07(3)(1), 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 attaching the with an address.