

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087015 (1)

1. Corporation Name

OUR BOUTIQUE, INC.



Principal Place of Business

1449 GLENMORE COURT
APOPKA FL 32712

Mailing Address

1449 GLENMORE COURT
APOPKA FL 32712

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3298881

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

2. Principal Place of Business

21 250 W. Church Ave.

Suite, Apt. #, etc.

22

City & State

23 Longwood, FL

Zip

24 32750

Country

25 Seminole

2a. Mailing Address

26 250 W. Church Ave.

Suite, Apt. #, etc.

27

City & State

28 Longwood, FL

Zip

29 32750

Country

30 Seminole

9. Name and Address of Current Registered Agent

CASON, JACQUELINE
1449 GLENMORE COURT
APOPKA FL 32712

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

4/26/96

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CASON, JACQUELINE P
STREET ADDRESS 1449 GLENMORE COURT
CITY-ST-ZIP APOPKA FL 32712

TITLE VSD ☐ DELETE

NAME CASON, MICHELLE D
STREET ADDRESS 1449 GLENMORE COURT
CITY-ST-ZIP APOPKA FL 32712

TITLE VTD ☐ DELETE

NAME BROWN, LAURE E
STREET ADDRESS 14643 BRAY ROAD
CITY-ST-ZIP ORLANDO FL 32832

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 ☐ Addition

1.2 NAME ~~CASON, JACQUELINE P.~~

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CASON, MICHELLE D.

2.3 STREET ADDRESS 250 W. CHURCH AVE.

2.4 CITY-ST-ZIP LONGWOOD, FL 32750

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

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature typed or printed name of signing officer or director

4/26/96 (407) 834-5076

Date

Daytime Phone #

CR2E034 (12/95)