

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000019191 (2)**

1. Corporation Name

**POLLY ESTHER'S SOUTH, INC.**



Principal Place of Business

**5473 GRAND PARK PLACE  
BOCA RATON FL 33486**

Mailing Address

**5473 GRAND PARK PLACE  
BOCA RATON FL 33486**

3. Date Incorporated or Qualified <b>03/06/1995</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0576485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc.  
**99 SE 1<sup>ST</sup> AVE**

23 City & State  
**BOCA RATON, FLA**

24 Zip  
**33432**

25 Country  
**PALM BEACH**

2a. Mailing Address

26 State, Apt. #, etc.  
**99 SE 1<sup>ST</sup> AVE**

28 City & State  
**BOCA RATON, FLA**

29 Zip  
**33432**

30 Country  
**PALM BEACH**

9. Name and Address of Current Registered Agent

**SUSSMAN, JEFFREY  
5473 GRAND PARK PLACE  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 Registered Agent (Print Name, Title, and Address)

(If NE) Registered Agent Signature (Company Name and Address)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARTHUR LESAVOY</b>		1.2 NAME	
STREET ADDRESS <b>5800 TOWN BAY DR APT 435</b>		1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>BOCA RATON, FLA 33486</b>		1.4 CITY-STATE-ZIP	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERT WATMAN</b>		2.2 NAME	
STREET ADDRESS <b>515 E 72ND ST APT 26J</b>		2.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NY, NY 10021</b>		2.4 CITY-STATE-ZIP	
TITLE <b>TREASURER / SECRETARY</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TIMOTHY OUELLETTE</b>		3.2 NAME	
STREET ADDRESS <b>1 IRVING PLACE APT V21G</b>		3.3 STREET ADDRESS	
CITY-STATE-ZIP <b>NY, NY 10003</b>		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: **Arthur Lesavoy** **ARTHUR LESAVOY PRESIDENT 1/18/96** **(407) 347-7655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)