

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 07, 1999 8:00 am
Secretary of State

05-07-1999 90036 010 ***150.00

DOCUMENT # P95000019191

1. Corporation Name

POLLY ESTHER'S SOUTH, INC.

Principal Place of Business

99 S.E. 1ST AVENUE
BOCA RATON FL 33432
US

Mailing Address

99 S.E. 1ST AVENUE
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0576485

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

LESARVOY, ARTHUR L
498 NE 9TH ST
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name LeSavoy, Arthur L.

82 Street Address (P.O. Box Number is Not Acceptable)
99 S.E. 1st Avenue

83

84 City Boca Raton

FL

85 Zip Code 33432

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

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME LESARVOY, ARTHUR
STREET ADDRESS 498 NE 9TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE
NAME WATMAN, ROBERT
STREET ADDRESS 515E 72ND ST., APT. 26J
CITY-ST-ZIP NEW YORK NY 10021

TITLE TS ☐ DELETE
NAME OUELLETTE, TIMOTHY
STREET ADDRESS 1 IRVING PLACE, APT. V21G
CITY-ST-ZIP NEW YORK NY 10003

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 P ☒ Change ☐ Addition
1.2 NAME LeSavoy, Arthur
1.3 STREET ADDRESS 99 S.E. 1st Avenue
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Watman, Robert
2.3 STREET ADDRESS 525 West 22nd St., Penthouse F
2.4 CITY-ST-ZIP New York, NY 10011

3.1 TITLE TS ☒ Change ☐ Addition
3.2 NAME Ouellette, Timothy
3.3 STREET ADDRESS 37 North Moore St., Apt. 6A
3.4 CITY-ST-ZIP New York, NY 10013

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 561-447-8955

Date

Daytime Phone #

CR2E034 (1/98)