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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027367 (8)

1. Corporation Name  
BUTTONS & BOWS, ENTERPRISES, INC.

Principal Place of Business  
232 N.E. 12TH AVENUE  
APT. 405  
HALLANDALE FL 33009

Mailing Address  
232 N.E. 12TH AVENUE  
APT. 405  
HALLANDALE FL 33009-4501



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
04/03/1995

3a. Date of Last Report  
03/12/1996

FEI Number

Applied For

APPLIED FOR

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, PHYLLIS C  
232 N.E. 12TH AVE  
331 MINNESOTA STREET  
HOLLYWOOD FL 33019  
HALLANDALE, FL.  
33009 APT. 405

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WASILEWSKI, CHRISTINE  
232 N.E. 12TH AVE  
APT. 405  
HOLLYWOOD FL 33019  
HALLANDALE, FL 33009  
D  
MILLER, PHYLLIS C  
232 N.E. 12TH AVE  
APT. 405  
HOLLYWOOD FL 33019  
HALLANDALE, FL 33009  
D  
MILLER, PHYLLIS C  
232 N.E. 12TH AVE  
APT. 405  
HOLLYWOOD FL 33019  
HALLANDALE, FL 33009  
D  
MILLER, PHYLLIS C  
232 N.E. 12TH AVE  
APT. 405  
HOLLYWOOD FL 33019  
HALLANDALE, FL 33009  
D  
MILLER, PHYLLIS C  
232 N.E. 12TH AVE  
APT. 405  
HOLLYWOOD FL 33019  
HALLANDALE, FL 33009

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 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.

SIGNATURE: *Phyllis C. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9000002157469  
-04/29/97--01002--056  
\*\*\*173.00

3-15-97 954  
923-3764  
Date Daytime Phone #

CR2E034 (9/96)