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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000049531	(3)							
W A BOUTIQUE OF PALM BEACH, INC.									
-									
Principal Place of Business	Mailing Address								



	Business	Mailing Address 777 S FLAGLER DR					
777 S FLAGLER SUITE 1101 E WEST PALM BE		SUITE 1101 E WEST PALM BEACH	I FL 33401		Date Incorporated or Qualified	3a. Date of Las	st Report
					06/22/1995	N/A	
2. Principal Place	n of Business	2a. Mailing Address			4. FET Number		Applied For
: FIIICIPATEIACE	s or positioss	26			65-0600625		Not Applicable
Suite, Apt. #.	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
7		[27]					ee Required
City & State		City & State			6. Election Campaign Financing		5.00 May Be
		28			Trust Fund Contribution 8. This corporation has liability for i		dded to Fees
Zip	Country	Zip	30 Cour	itry	Florida Statutes Yes	□ No	61 3 100.002,
	9 Name and Address of Curr	rent Registered Agent			10. Name and Address of New R		l
	9. Name and Address of Con-	Tent negratored Agent	···	81 Name			
WITT, GAI	RRY I		-	DD Ctroot Add	ress (P.O. Box Number is Not Acceptab	le)	
-	AGLER DR			82 Street Add	iress (F.O. Box Number is Not Acceptac		
SUITE 11			<u> </u>	83			
	LM BEACH FL 33401		}	84 Orty		- 85	Zip Code
				- /		FL	'
1. Pursuant to	the provisions of Sections 607.05	502 and 607,1508, Florida Sta Jorida, Such change was autho	itutes, the abo orized by the o	ve named corpo orporation's boa	oration submits this statement for the pul ard of directors. I hereby accept the app	rpose of changing ointment as regist	tered agent. I am
familiar with	, and accept the obligations of, S	Section 607.0505, Florida Statu	ites.				
NONIATURE						DATE	
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2.	PRESIDENT OFFICERS	AND DIRECTORS DELETE	1.11	I.F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cha	
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Full thereby certify that the information supplied with this length solution and turns for an account of the examination 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 outly 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 chapter 6, of on an attachment with an address

SIGNATURE:

Craig M. Bachove SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR