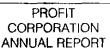
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



Prop | Pr

| | 1997 | DIVISION OF | | HONO | 97 AUG 27 PM 3: 03 | |
|-----------------------------|--|------------------------------------|----------------------|--------------------|--|--------------------|
| DOCUMENT # P95000053910 (2) | | | | | ALCOHOLD BY NACCE CHATE | |
| AUNTIE MAME'S ATTIC, INC. | | | | | TALLAHASSEE FLORIDA | |
| AUNTIE | I WANC'S ATTIC, INC. | | | | A MANAGE THE LEGISLA SHALL SHA | |
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | |
| 2661 NE 3 ST | | 2661 NE 3 ST. | | | | |
| POMPANO BE | ACH FL 33062 | POMPANO BEACH FL 33 | 062 | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | |
| | | | | | 07/10/1995 06/05/1996 | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | _ |
| Sulte, Apt. | # ato | Suite, Apt. #, etc. | | | 65-0602893 Not Applica | _ |
| 22 | π, υ (C. | 27 Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Sectional Fee Regulred | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | <u>_</u> | | Trust Fund Contribution | |
| Zip | Country | Zip | Coun | try | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 9. Name and Address of Currer | 29 1 Registered Agent | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| FEL | DMAN, MYRNA L | | - 1 | Name | To the second se | \dashv |
| | 81 NE 3 ST. | | <u>,</u> | 32 Street Ad | ddress (P.O. Box Number is Not Acceptable) | \dashv |
| POI | MPANO BEACH FL 33062 | | | | duciess (1.0. box Number is Not Acceptable) | |
| | | | 8 | 33 | | |
| | | | 1 | 34 City | 85 Zip Code | |
| 11 Purpupat i | to the provisions of Sections COV OF | 12 and 607 1509. Florida Statu | loc the ob | | FL 69 Zip Code | |
| office or re | egistered agent, or both, in the State m familiar with, and accept the oblig- | of Florida. Such change was | authorized | by the corpo | orporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registered | d d |
| • | rn tamiliar with, and accept the onlig- | ations of, Section 607.0505, Pl | อกเฉล ริเลเบ | tes. | | - } |
| SIGNATURE | Signature, typed or printed name of registered age | ont and title if applicable. (NO) | t: Registered | Agent signature re | equired when reinstating) DATE | _] . |
| 12. | OFFICERS AN | D DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME | FELDMAN, MYRNA L | √7 fvrrcit | 1.1 THTL 1.2 NAN | Ĭ | ☐ Change ☐ Addit | ¹⁰⁰ 3 |
| STREET ADDRESS | 2661 NE 3 ST. | | | EET ADDRESS | | į |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | | | - S1- ZIP | Ronl | 12 |
| TITLE | D | DLLETE | 2.1 TI7L | | 100002279861 — Addi -08/28/9701078014 *****330.00 ****165.00 | ion (|
| NAME | FELDMAN, GILBERT M | | 2 2 NAN | Œ , | 1000022798614 | t |
| STREET ADDRESS | 2661 NE 3 ST. | | | FET ADDRESS | *****30.00 ****165 00 | - } |
| CITY-ST-ZIP TITLE | POMPANO BEACH FL 33062 | DELETE | 2. 4 CIT 3.1 T/TL | Y-ST-ZIP | Change Addit | |
| NAME | | La prene | 3.1 ML | · / | The same | |
| STREET ADDRESS | | ν | 3 STH | A ADDITSS | cev. | - } |
| CITY-ST-ZIP | n Ch | inge 12 usm | 3 4. DIT | Y-SI-ZIP | change Addit | |
| TITLE | - Ju | DELETE | 4.1 Till | A NO | Lewer ☐ Change ☐ Addit | ion |
| NAME | • | 1 d A | egalin | | • | - 1 |
| STREET ADDRESS | | No pure | A.3 STR | EE1 ADDRESS | | |
| CITY-ST-ZIP TITLE | | ruge Busing DELETE Mor Printle A | 4.4 CITY 5.1 Tife | '-ST-ZIP | ☐ Change ☐ Addit | ion |
| NAME | | | 5.2 NAM | | Change CJ Adult | 1011 |
| STREET ADDRESS | | | | EFT ADDRESS | | |
| CITY-ST-ZIP | l | | | -ST-ZIP | | - |
| TITLE | | DELETE | G.1 TITL | | Change Addit | ion |
| NAME | | | 6.2 NAM | | Ω_{Λ} | |
| STREET ADDRESS | | | | EET ADDRESS | (),У∨ | |
| CITY-ST-ZIP | | | ■ 6.4 C/TY | '-SI-ZIP | & | - 1 |

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 Statules. 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 logal 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

L CLOSHETHER DECINEDED.