

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067847 (0)**
1. Corporation Name

DEBBIE'S BOUTIQUE, INC.



Principal Place of Business: **2101 CLIFTON DRIVE VALRICO FL 33594**
Mailing Address: **2101 CLIFTON DRIVE VALRICO FL 33594**

2. Principal Place of Business: **2101 Clifton Dr**
21 Suite, Apt. #, etc.
22 City & State: **Valrico, FL**
23 Zip: **33594** Country: **USA**

3. Date Incorporated or Qualified: **09/01/1995**
3a. Date of Last Report
4. FEI Number: **59-3336907**
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
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **Deborah Simeral**
82 Street Address (P.O. Box Number is Not Acceptable): **2101 Clifton Dr.**
83
84 City: **Valrico** FL 85 Zip Code: **33594**

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: *Deborah Simeral* *Deborah Simeral* **6/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMERAL, DEBORAH	12 NAME	
STREET ADDRESS	2101 CLIFTON DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMERAL, BRYAN	22 NAME	
STREET ADDRESS	2101 CLIFTON DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARSON, MARGARET	32 NAME	
STREET ADDRESS	2101 CLIFTON DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah Simeral* *Deborah Simeral* **6/13/96** **813-681-3374**

CR2E034 (3/96)