

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000069501 (1)
1. Corporation Name
MYSTIQUE BOUTIQUE INC



Principal Place of Business 2557 COUNTRYSIDE BLVD., SUITE 2 CLEARWATER FL 34623	Mailing Address 2557 COUNTRYSIDE BLVD., SUITE 2 CLEARWATER FL 34623
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1995	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number 59-3336444	Applied For Not Applicable
23 Zip 33761	25 Country	29 Zip 33761	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent ZABOLOTNY, STEVE 8800 49TH STREET NORTH, SUITE 408-5 PINELLAS PARK FL 34686				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	GAJDECZKA, MALGORZATA	1.2 NAME	ZALEWSKI HALINA
STREET ADDRESS	5080 LAKE VALENCIA BLVD. N.	1.3 STREET ADDRESS	2861 LANDMARK DR
CITY-ST-ZIP	PALM HARBOR FL 34684	1.4 CITY-ST-ZIP	CLEARWATER, FL 33761
	<input checked="" type="checkbox"/> DELETE <i>no longer N/corp.</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	2.2 NAME	
NAME	ZALEWSKI, HALINA	2.3 STREET ADDRESS	
STREET ADDRESS	2861 LANDMARK DR.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER FL 34621	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Melvin* *Sandra B. Mortham* Date: **2/23/98**

CR2E034 (10/97)