

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082838 (0)

1. Corporation Name

TINA'S BOUTIQUE, INC.



Principal Place of Business

Mailing Address

ROYAL PALM PLAZA STORE 55
BOCA RATON FL 33432

ROYAL PALM PLAZA STORE 55
BOCA RATON FL 33432

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASTHAM, JOHN K JR
138 W PALMETTO PARK ROAD
BOCA RATON FL 33432

81 Name TINA EULA FRANZONE

82 Street Address (P.O. Box Number is Not Acceptable)
NORTH FED HWY E SE 3RD ST

83 ROYAL PALM PLAZA STORE ST

84 City BOCA RATON FL 85 Zip Code 33432

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

Eula M. Franzone

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME (TINA) EULA FRANZONE
STREET ADDRESS NORTH FED HWY # 55 E SE 3RD ST
CITY-ST-ZIP BOCA RATON FL 33432

TITLE VT
NAME ERNEST. FRANZONE
STREET ADDRESS NORTH FED HWY # 15 E SE 3RD ST
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE PS
12 NAME EULA FRANZONE
13 STREET ADDRESS NORTH FED HWY E SE 3RD ST # 55
14 CITY-ST-ZIP BOCA RATON FL 33432

21 TITLE VT
22 NAME ERNEST FRANZONE
23 STREET ADDRESS NORTH FED HWY E SE 3RD ST # 15
24 CITY-ST-ZIP BOCA RATON FL 33432

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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:

Eula M. Franzone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

6/1/96

DATE

CR2E034 (3/96)