

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008612 (9)

1. Corporation Name

MONIQUE'S BOUTIQUE AND FINGER CONSIGNMENT INC.



59-3433570

Principal Place of Business

Mailing Address

320 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

320 N. ATLANTIC AVENUE
COCOA BEACH FL 32931-4301

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 320 N ATLANTIC AVE BA
Suite, Apt #, etc.

26 320 N. ATLANTIC AVE
Suite, Apt #, etc

4. FEI Number

~~589-44-9992~~

Applied For

Not Applicable

22 BA
City & State

27 BA
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 COCOA BEACH, FL
Zip Country

28 COCOA BEACH, FL
Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32931

25 BREVARD

29 32931

30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PETERSON, L. MONIQUE
325 S. 4TH STREET
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name JOAN M. O'BRIEN
82 Street Address (P.O. Box Number is Not Acceptable) 2880 SO. ATLANTIC AVE #103
83 COCOA BEACH
84 City
85 Zip Code FL 32931

11. Pursuant to the provisions of Sections 607.0509 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

Joan M. O'Brien

(NOTE: Registered Agent signature required when reinstating)

3/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT DELETE
NAME LISA MONIQUE PETERSON
STREET ADDRESS 325 S. 4TH ST.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change Addition
1.2 NAME JOAN M. O'BRIEN
1.3 STREET ADDRESS 2880 SO. ATLANTIC AVE
1.4 CITY-ST-ZIP COCOA BEACH, FL 32931

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Joan M. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97
Date

407-799-4412
Daytime Phone

0102635

CR2E034 (9/96)