FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000017700 (1)**

1. Corporation Name
TICKLE MY FANCY, INC.

Principal Place of Business	Mailing Address
910 NE 209TH TERRACE STE 102 NO. MIAMI BEACH FL 33179	910 NE 209TH TERRACE STE 102 NO. MIAMI BEACH FL 33179-1207

3. Date Incorporated or Qualified: 02/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1201 US Hwy 1 ste 30
Suite, Apt. #, etc.
22 30
City & State
23 North Palm Beach FL
Zip 24 33408 Country 25 Palm Bch

2a. Mailing Address
26 410 Franklin Road
Suite, Apt. #, etc.
27
City & State
28 West Palm Beach
Zip 29 33405 Country 30 Palm Bch

4. FEI Number: 65-0680802 ☐ Applied For ☐ Not Applicable

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
LEON, BARBARA M
910 NE 209TH TERRACE STE 102
NO. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name: Leon, Barbara M
82 Street Address (P.O. Box Number is Not Acceptable): 410 Franklin Road
83
84 City: West Palm Beach FL 85 Zip Code: 33405

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: ✓ (Signature of the person designated as registered agent) (NOTE: Registered Agent signature required when reinstating) DATE: 03/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEON, BARBARA M 910 NE 209TH TERRACE STE 102 NO. MIAMI BEACH FL 33179 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	410 Franklin Rd W. Palm Bch, FL 33405 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEON, OSCAR 910 NE 209TH TERRACE STE 102 NO. MIAMI BEACH FL 33179 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: [signature] pres. 03/11/97 (561) 776-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242897