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May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000029109 (0)

1. Corporation Name

[redacted]

Principal Place of Business
Barbara's Own
1014 LAKE AVE.
LAKE WORTH, FL 33460
561-586-3700

Mailing Address
1014 LAKE AVE.
LAKE WORTH, FL 33460
561-586-3700

3. Date Incorporated: 04/03/1996
Date of Last: 4/18/1997

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0655985

5. Certificate of Status Desired: $8.75 Fee

6. Election for Designation Filing Trust Fund Contribution: $5.00 Added

8. This corporation is subject to property for intangible tax under Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Barbara Socher
4811-122ND DR N
W. P. B, FL 33411

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
FL
35 Zip

11. Pursuant to the provisions of Section 607.0502 and 607.1506, Florida Statutes, the undersigned 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. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of individual and title if applicable (NOTE: An officer or director may not sign unless appointed as registered agent.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	41 TITLE	☐ Change
NAME	Barbara Socher	42 NAME	
STREET ADDRESS	4811-122ND DR. N.	43 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33411	44 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change
NAME		52 NAME	600002530906
STREET ADDRESS		53 STREET ADDRESS	-05/21/98--01004--029
CITY-ST-ZIP		54 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	61 TITLE	☐ Change
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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, added or deleted.

SIGNATURE: Barbara Socher Barbara Socher 4/15/98 561-586-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #