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Mar 14 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 # P96000068787 (6)

1. Corporation Name

POLLY ESTHER'S OF SOUTH BEACH, INC.



Principal Place of Business

498 NE 9TH STREET
BOCA RATON FL 33432

Mailing Address

498 NE 9TH STREET
BOCA RATON FL 33432-2922

2. Principal Place of Business

21 841 WASHINGTON Ave

2a. Mailing Address

26 841 Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI BEACH, FLA

City & State

28 MIAMI BEACH, FLA

Zip

24 33139

Country

25 DADE

Zip

29 33139

Country

30 DADE

g. Name and Address of Current Registered Agent

LESVOY, ARTHUR
498 NE 9TH STREET
BOCA RATON FL 33432

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

N/A

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/11/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LESVOY, ARTHUR
STREET ADDRESS
498 NE 9TH STREET
CITY-ST-ZIP
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
D WATMAN, ROBERT
STREET ADDRESS
444 EAST 86TH STREET STE 23B
CITY-ST-ZIP
NEW YORK NY 10028

TITLE ☐ DELETE

NAME
D OUELLETTE, TIMOTHY
STREET ADDRESS
1 IRVING PLACE V21G
CITY-ST-ZIP
NEW YORK NY 10003

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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.

CR2E034 (9/96)