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

CITY - ST - 21P

STREET ADDRESS CITY-ST-ZIP

TITLE

MAME

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000078482 (2) LA FLEUR BOUTIQUE, INC. Principal Place of Business Mailing Address 404 INDIAN ROCKS ROAD 404 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 34840 BELLEAIR BLUFFS FL 34640 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3400893 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33770 33770 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SWATA, BEVERLY D 1469 HIGH BLUFF DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 33770** 83 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 diffigations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

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SIGNATURE

SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE Change 1.1 TITLE SWATA, BEVERLY D NAME 1.2 NAME 1469 HIGH BLUFF DR W 1.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2 1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 City-St-ZiP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Addition TITLE Change 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CRZE034

Addition

Change

14. I 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 cath; 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.

5.4 CITY - ST - ZIP

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

. Shorth (PRES BEVERLY D. SWALA 4/34/98 (813) 584-0305 SIGNATURE: