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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



Sandra B. Mortham

**FILED** 

Mar 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000086309 (7)

RONA	'S BOUT	IQUE,	INC.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Pla	ace of Busine	ess		M	lailing Address				9111 <b>98</b> 111 <b>981</b> 41	ONO BRIDO IIIN I	
7155 LAKE WORTH RD 7155 LAKE WORTH RD LAKE WORTH FL 33467											
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								3. Date Incorporated or Quali	fied		
A Principal	Diago of Dua	inono		So Mailing Addrson				10/03/1996			
<b>⊢</b>	2. Principal Place of Business			2a, Mailing Address			4. FEI Number			pplied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			65-0710800		<del></del>	tot Applicable	
22				27			5. Certificate of Status Desire	d 🔲		Additional Required	
City & State				City & State							
23				28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country				Zip Country		y	8. This corporation owes or has paid the current year Intangible			
24	25 29		30		Personal Property Tax due June 30. Yes No						
	9, Nam	e and A	dress of Curr	ent Regis	tered Agent		·	10. Name and Address of Ne	w Registere	d Agent	
G	ANG, RONA	A				81	Name				
7	155 LAKE V	NORTH	RD			82	Street Add	ress (P.O. Box Number is Not Acc	eptable)		<del></del>
L	AKE WORT	H FL 33	467					•			
						83					
						84	City			<b>85</b> Zip	Code
									F	L     '	
office or agent. I	t to t <b>ne</b> provi regi <b>ste</b> red a am f <b>a</b> miliar v	isions or igent, or with, and	Sections 607.05 both, in the Sta accept the obli	i02 and 60 te of Florid gations of	07.1508, Florida Statuti da. Such change was a f, Section 607.0505, Flo	es, the abov authorized by orida Statute	e-named corp y the corporat s.	poration submits this statement for tion's board of directors. I hereby a	the purpose accept the ap	of changing opointment as	its registered registered
SIGNATURE							<del> </del>				
Signature, typed or printed name of registered agent and title if app  12. OFFICERS AND DIRECTOR					. <del></del>		ent signature requir	red when reinstating)	DATE	ID DIDECTO	00.41.40
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6.4 CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receive for 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