

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90205 027 ***150.00

DOCUMENT # **P97000040415**

1. Corporation Name
LULU OF BOCA, INC.

Principal Place of Business
**3013 YAMATO RD., STE. 87
BOCA RATON FL 33496**

Mailing Address
**3013 YAMATO RD., STE. 87
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1997

4. FEI Number
65-0753860

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 owes the current year Intangible
Personal Property Tax. ☐ 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

**HART, MICHELE
3013 YAMATO RD., STE. 87
BOCA RATON FL 33496**

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

Michele Hart

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME

**DP
HART, MICHELE
3013 YAMATO RD., STE. 87
BOCA RATON FL 33496**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Michele Hart

Date

Daytime Phone #

4/15/99

561 912-91

CP2F034 (1/198)