1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000103808 (6)

MARY'S SIMPL**Y** THE BEST &  $\hat{C}O$ .

98 NOV 10 AM 9: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	Mailing Address		J
1963 SOUTHWEST 16TH STREET	1963 SOUTHWEST 16TH S	TREET	
BOCA RATON FL 33486	BOCA RATON FL 33486		DO NOT IMPLIE IN THE SPACE
			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
			,
2 Dischal Discharge of Discharge	On Markey Address		12/08/1997
Principal Place of Business	2a. Mailing Address	an Dal in	4. FEI Number Applied For
21		son Drive	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired \$8.75 Additional Fee Required
22	27 # 106		
City & State	City & State	Oad E	6. Election Campaign Financing \$5.00 May Be
23	28 Uses held	Jacoby I	Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29 33442	30 10	Personal Property Tax due June 30. Yes No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
GIUSEFFI-CRUM, MARY		81 Name	
1963 SOUTHWEST 16TH STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33486		ou cer riodic	( 101 DOX ( tallibor to ( tot) ( total basis)
		83	
		84 City	FL 85 Zip Code
44 5			
office or registered agent, or both, in the St	ate of Florida. Such change was a	s, the above-named corpor uthorized by the comoratio	ation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I am families with, and accept the of	Higetions of, section 607.0505, Flo	rida Statutes.	stanka.
SIGNATURE			
Signature, typed or printed halcoof registered		TE: Registered Agent signature requi	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PROSECULATION			
	L DELETE	1.1 TITLE	esident CC. Echange Addition
NAME POLICE	→ DELETE	1.2 NAME	estert Change Laddition
	DELETE  TECTOR	N ()	any Giuseth  Addition
NAME MONTHS AS A SELECTION	> DELETE	1.2 NAME	an Guseth.
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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.

CR2E034 (5/98)