SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE YO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000045547

TREAT BOUTIQUE CORAL SQUARE, INC.

Principal Place of Business

Mailing Address

00 JAN -4 PM 12: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8000 WEST BROWARD BLVDSTE.810 PLANTATION FL 33388			8000 WEST BROWARD BLVDSTE.610 PLANTATION FL 33388				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						05/14/1998 /			
2. Principal Pl	lace of Business		ling Address	 ,			4. FEI Number	Applied For	
27 9071. Vest Alasias Same							APPILED	Not Applicable	
Suite, Apt.	Suite, Apt. #, etcSuite, Apt. #, etc						5. Certificate of Status Desired	\$8.75 Additional	
22		27						Fee Required	
City & State City & State City & State City & State							6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33 07/ 25 29 30					Country 8. This corporation owes the current year Intangible Personal Property. es No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
ENTIN, RICHARD C ESQ. 8411 W. OAKLAND PARK BLVD.					81 Name				
					2 S	treet Addres	ddress (P.O. Box Number is Not Acceptable)		
SUR	NRISE FL 33351			8:	3			\(\)	
				84	4 C	ity	FL	85 Zip Code	
11. Pursuant	to the provisions of sections	607.0502 and 607.15	08, Florida Statute	s, the above	e-nar	ned corpora	ition submits this statement for the purpose of ch	anging 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									
signature / Charle Comments of the configurations of the configura									
Signature, when or printed name of registered agent and title if applicable. (NOTE: Registered A					Agent	signature requir		207)0	
12		ERS AND DIRECTO		13.		-	ADDITIONS/CHANGES TO OFFICE AS A		
TITLE	D CARD DOREDT		DELETE	1.1 TITLE			STATEMENT Y	Chappe	
NAME	KARP, ROBERT	DIVID STE 040		1.2 NAME	Z	Mile	MI Phens	,	
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CITY-ST-ZIP	PLANIATION PL 33300	<u> </u>		1.4 CITY-5 2.1 TITLE	51-ZIP			Change Addition	
TITLE			DELETE	2.2 NAME		-	· ·	Change Addition	
NAME						.pcee			
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STREET ADDRESS				4.3 STREE		RESS			
CITY-ST-ZIP				4.4 CITY-S			. (
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CITY-ST-ZIP				5.4 CITY-S		- 1			
TITLE			DELETE	6.1 TITLE			/ 1/	Change Addition	
NAME				6,2 NAME		}			
STREET ADDRESS				6.3 STREE	ET ADD	RESS			
CITY-ST-ZIP				6.4 CITY-8	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 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.

SIGNATURE: