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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

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LA CHIC BOUTIQUE, INC.

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Principal Place	e of Business	Maitin	g Address				VI					
230 SEABREEZ			230 SEABREEZE BLVD.			1/8						
DAYTONA BCH	FL 32118	DAYIO	DAYTONA BCH FL 32118				DO NOT WRITE IN THIS SPACE					
							3. Date Inco	rporated or Quali				
v							09/24/1	998				
2. Principal Pi	lace of Business	2a. Ma	ailing Address				4, FEI Numi				App	lied For
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22		27					g. Certilente	or ounts ocsite.		F	ee Req	juired
City & State	e	Cı	City & State				6. Election Campaign Financing 5.00 May					May Be
23		28	• • • · · · · · · · · · · · · · · · · ·				Trust Fund Contribution			Added to Fees		
Zip	Country	Zış)	Count	ry			oration owes the	current year			- 154
24	25	29		30			4 .	Property Tax.		X		_)No
<u></u>	9. Name and Address of Curre	nt Registere	ad Agent		i []	Name	10, Name an	d Address of Ne	w Registere	a Agent		
TOU	ng, Brian R			١	Ή,	Name						
	N. GRANDVIEW AVE.		ļ			Street Add	dress (P.O. Box N	aptable)				
	TONA BCH FL 32118			8	. .							
DATE	TORA BOTT E GET TO			ľ	۱,							
				8	4	City				85	Zip Co	ode
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office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida 🤄	Such change was :	authorized b	y th	e corporal	tion's board of dire	ectors. Thereby ac	cept the app	pointment	t as regi	istered
	The latting with and accept the cong	adons 01, 00	000000000000000000000000000000000000000	orion outron								
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tille if app	ilicable (NOT	E Registered Ag		goalaro regar	red wher reastabilitys		DATE			
12.	OFFICERS A	ND DIRECT	and the second s	13.			ADDITION	S/CHANGES TO	OFFICERS			_
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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 proportion 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 thanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

112499 (94)255-541**8**