FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 4-29-96 B-04781 Cnt

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32825 **(9)**

1. Corporation Name:
CONNIE'S MASTECTOMY BOUTIQUE, INC.

Principal Place of Business:
% PLANTATION POINTE
521 W. FT. ISLAND TRL. STE B
CRYSTAL RIVER FL 34429
US

Mailing Address:
% PLANTATION POINTE
521 W. FT. ISLAND TRL. STE B
CRYSTAL RIVER FL 34429
US

3. Date Incorporated or Qualified: **02/18/1991**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21 547 W. Ft. Island Trl. Ste. A
Suite, Apt. #, etc.
22 % Plantation Pointe
City & State
23 Crystal River, Fl
Zip 24 34429 Country 25 USA

2a. Mailing Address
26 547 W. Ft. Island Trl. Ste. A
Suite, Apt. #, etc.
27 % Plantation Pointe
City & State
28 Crystal River, Fl
Zip 29 34429 Country 30 USA

4. FEI Number: **59-3048793** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Effective Corporate Existence (Not Required) ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRIDER, CONSTANCE B.
% PLANTATION POINTE
521 W. FT. ISLAND TRL., STE B
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

81 Name: same
82 Street Address (P.O. Box Number is Not Acceptable): % Plantation Pointe
83 547 W. Ft. Island Trail, Ste A
84 City: Crystal River FL 85 Zip Code: 34429

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	CRIDER, CHERI L	
STREET ADDRESS	511 S.W. 1ST AVE.	
CITY, ST, ZIP	CRYSTAL RIVER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		☐ Change ☐ Add
1. NAME		
1. STREET ADDRESS		
1. CITY, ST, ZIP		
2. TITLE		☐ Change ☐ Add
2. NAME		
2. STREET ADDRESS		
2. CITY, ST, ZIP		
3. TITLE		☐ Change ☐ Add
3. NAME		
3. STREET ADDRESS		
3. CITY, ST, ZIP		
4. TITLE		☐ Change ☐ Add
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Add
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		☐ Change ☐ Add
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

CR2E034 (12/95)

14. I (We) hereby certify that the number of officers and directors listed above is true and complete. For profit corporations, pursuant to Section 119.021(4)(b), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 added to the report with an address.

SIGNATURE: Constance Crider 4-24-96 (352) 795-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #

Constance Crider