

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

95 FEB 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64114 (9)

1. Corporation Name

ALICIA'S KEY WEST BOUTIQUE, INC.

Principal Place of Business

**187 MIZNER ROAD
SUITE 38
BOCA RATON FL 33432**

Mailing Address

**187 MIZNER ROAD
SUITE 38
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1991

3a. Date of Last Report

03/21/1994

4. FEI Number

65-0273056

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CLARK, ALICE
187 MIZNER ROAD
SUITE 38
BOCA RATON FL 33432**

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

**P
CLARK, ALICE S.
390 N. FEDERAL HWY #604
DEERFIELD BEACH FL**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on a report or supplemental annual report filed with the Department of State. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears on Block 12 or 13 of this report, or on an attached sheet with an address.

SIGNATURE:

Alicia S. Clark
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/95