

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S75383**

(7)

1. Corporation Name

**LE CHIC BOUTIQUE AT UNIVERSITY, INC.**



Principal Place of Business

**4972 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33321  
US**

Mailing Address

**7400 NORTHWEST 37TH STREET  
LAUDERHILL FL 33319  
4972 NO. UNIVERSITY DR.  
LAUDERHILL, FL 33321**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified  
**08/22/1991**

3a. Date of Last Report  
**06/09/1995**

4. FEI Number  
**65-0285121**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ELLMAN, DEBBIE~~  
~~7400 N.W. 37TH STREET~~  
~~7400 N.W. 37TH ST.~~  
~~LAUDERHILL FL 33319~~

81 Name **ELLMAN, RITA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4972 NO. UNIVERSITY DRIVE**

83

84 City **LAUDERHILL**

**FL**

85 Zip Code  
**33321**

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

*Rita Elluman, Pres.*

**4/28/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ELLMAN, DEBBIE	7400 N.W. 37TH ST.	LAUDERHILL FL	<input checked="" type="checkbox"/>
SD	ELLMAN, EDWARD	7400 N.W. 37TH ST.	LAUDERHILL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PRES.	ELLMAN, RITA	4972 NO. UNIVERSITY DRIVE	LAUDERHILL, FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Rita Elluman, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96**

**(954) 746-7606**

DATE

CR2E034 (12/95)