

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S84226** (7)

1. Corporation Name  
**EMOLIAH BOUTIQUE, INC.**

Previous Place of Business: **2905 S. STATE RD. 7 HOLLYWOOD FL 33023**  
 Mailing Address: **2905 S. STATE RD. 7 HOLLYWOOD FL 33023**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (or Qualification)	3a. Date of Last Report
<b>09/30/1991</b>	<b>04/01/1994</b>
4. FEI Number	Applied For
<b>65-0287575</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 1981, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. COUNTY	29. COUNTY
25. COUNTY	30. COUNTY

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
<b>BLAKE, MONTROSE 2905 S. STATE RD. 7 HOLLYWOOD FL 33023-2201</b>	<table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td><b>FL</b></td> </tr> <tr> <td></td> <td>B5 Zip Code</td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City	<b>FL</b>		B5 Zip Code
B1 Name											
B2 Street Address (P.O. Box Number is Not Acceptable)											
B3											
B4 City	<b>FL</b>										
	B5 Zip Code										

11. Pursuant to the provisions of Sections 607.06(12) 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: *Montrose Blake* (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
11a. TITLE	<b>D</b>	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11b. NAME	<b>MCKNIGHT, DALIAH</b>	11.2 NAME	
11c. STREET ADDRESS	<b>831 CHANCELOR AVE #B6</b>	11.3 STREET ADDRESS	
11d. CITY, ST, ZIP	<b>IRVINGTON NJ</b>	11.4 CITY, ST, ZIP	
11e. TITLE	<b>D</b>	21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11f. NAME	<b>BLAKE, MONTROSE</b>	21.2 NAME	
11g. STREET ADDRESS	<b>831 CHANCELOR AVE #B6</b>	21.3 STREET ADDRESS	
11h. CITY, ST, ZIP	<b>IRVINGTON NJ</b>	21.4 CITY, ST, ZIP	
11i. TITLE		31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11j. NAME		31.2 NAME	
11k. STREET ADDRESS		31.3 STREET ADDRESS	
11l. CITY, ST, ZIP		31.4 CITY, ST, ZIP	
11m. TITLE		41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11n. NAME		41.2 NAME	
11o. STREET ADDRESS		41.3 STREET ADDRESS	
11p. CITY, ST, ZIP		41.4 CITY, ST, ZIP	
11q. TITLE		51.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11r. NAME		51.2 NAME	
11s. STREET ADDRESS		51.3 STREET ADDRESS	
11t. CITY, ST, ZIP		51.4 CITY, ST, ZIP	
11u. TITLE		61.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11v. NAME		61.2 NAME	
11w. STREET ADDRESS		61.3 STREET ADDRESS	
11x. CITY, ST, ZIP		61.4 CITY, ST, ZIP	

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 119.01(4)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Montrose Blake* **Montrose Blake 4/19/95 964-33023**  
 (Signature and Typed or Printed Name of Signing Officer or Director)