

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 22 AM 9: 53

**DOCUMENT # V14536 (9)**

1. Corporation Name  
**SHOPPES ON 18TH STREET, INC.**

Principal Place of Business	Mailing Address
6018 S.W. 18TH STREET SUITE 5 BOCA RATON FL 33433	6018 S.W. 18TH STREET SUITE 5 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/17/1992</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>65-0320951</b>	Applied For <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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. <b>Suite 10</b>	26. Suite, Apt. #, etc. <b>Suite 10</b>
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**BOICE, YVONNE S  
6018 SW 18TH STREET  
SUITE 5  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. <b>Suite 10</b>	
84. City	

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 \_\_\_\_\_  
(Signature, typed or printed name of registrant, agent and director as applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>BOICE, YVONNE S</b>
STREET ADDRESS	<b>6018 SW 18TH ST. SUITE 5</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Boice, Yvonne S.</b>	
1.3 STREET ADDRESS	<b>6018 SW 18th Street, Suite 10</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
2.1 TITLE	<b>VTS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Boice, Lauren A.</b>	
2.3 STREET ADDRESS	<b>6018 SW 18th Street, Suite 10</b>	
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 13 of this document, or on a document with an address.

SIGNATURE: *Lauren A. Boice* **Lauren A. Boice** 2/15/95 (407) 338-8443  
(Signature) (Typed Name) (Date) (Phone Number)