

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 2:56

DOCUMENT # **V58943** (4)  
1. Corporation Name  
**SPECLACES BY ZIZI DESIGNS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1489 W PALMETTO PARK RD.** **1489 W PALMETTO PARK RD.**  
**BOCA RATON FL 33486** **BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	14000 Military Trail	20	Same	08/10/1992	04/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 403A	27		65-0354234	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Delray Beach FL	28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	33484	25	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>EDERY, ZELDA</b> <b>1489 W PALMETTO PARK RD.</b> <b>BOCA RATON FL 33486</b>				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	Suite, Apt. #, etc.			
				84	City		FL	85
				<b>Edery, Zelda</b> <b>14000 Military Trail</b> <b>Suite 403A</b> <b>Delray Beach FL 33484</b>				

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDERY, ZELDA	1.2 NAME	Edery, Zelda
STREET ADDRESS	1489 W PALMETTO PARK RD	1.3 STREET ADDRESS	14000 Military Trail Ste 403A
CITY - ST - ZIP	BOCA RATON F	1.4 CITY - ST - ZIP	Delray Beach, FL 33484
TITLE	VPTD	2.1 TITLE	VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDERY, DAVID	2.2 NAME	Edery David
STREET ADDRESS	1489 W PALMETTO PK RD	2.3 STREET ADDRESS	14000 Military Trail Ste 403A
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	Delray Beach, FL 33484
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 owner 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 in an attachment with an address.

SIGNATURE: Edery, Zelda DATE: 4/26/95 OFFICE PHONE: 407-637-8656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR