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 # **V60955** **(4)**

1. Corporation Name

HARRIET'S HANDBAGS, INC.

Principal Place of Business
4807 WEST ATLANTIC AVE.
DELRAY BEACH FL 33445

Mailing Address
4807 WEST ATLANTIC AVE.
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 02/14/1995
4. FEI Number: 65-0360448 [ ] 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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KUNDICZ, LYNN
% HARRIET'S HANDBAGS, INC.
4807 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: GAROD, LYNN
82 Street Address (P.O. Box Number is Not Acceptable): % HARRIET'S HANDBAGS, INC.
83 4807 WEST ATLANTIC AVENUE
84 City: DELRAY BEACH FL 85 Zip Code: 33445

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: LYNN GAROD / PRESIDENT [signature] 1/26/96

12. OFFICERS AND DIRECTORS

Field		
TITLE	P	[X] DELETE
NAME	KUNDICZ, LYNN	
STREET ADDRESS	4807 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	[ ] DELETE
NAME	GAROD, RICHARD	
STREET ADDRESS	4807 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	[ ] DELETE
NAME	GAROD, HARRIET	
STREET ADDRESS	4807 W. ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		
1 TITLE	PRESIDENT	[X] Change [ ] Addition
1 NAME	GAROD, LYNN	
1 STREET ADDRESS	4807 W. ATLANTIC AVE.	
1 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

M.M.
3-19-96

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***200.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] LYNN GAROD 1/26/96 (407) 499-1973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)