

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
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**

Mailin Address

**4807 WEST ATLANTIC AVE.
DELRAY BEACH FL 33445**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	City & State
25	Country	30	City & State

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/01/1992	02/14/1995
4. FBI Number	Applied For
65-0360448	☐ 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. 190.032, Florida Statutes	☐ Yes ☒ No
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. City & State	4807 WEST ATLANTIC AVENUE
84. City	DELRAY BEACH
85. Zip Code	FL 33445

11. Pursuant to the provisions of Sections 607.0602 and 607.1501, Florida Statutes, the above named corporation adopts 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 Sections 607.0601 and 607.1501, Florida Statutes.

SIGNATURE

LYNN GAROD / PRESIDENT

1/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETED	☒ Change ☐ Addition
NAME	KUNDICZ, LYNN	1. TITLE	PRESIDENT
STREET ADDRESS	4807 W. ATLANTIC AVE.	2. NAME	GAROD, LYNN
CITY, ST, ZIP	DELRAY BEACH FL	3. STREET ADDRESS	4807 W. ATLANTIC AVE.
TITLE	T	4. CITY, ST, ZIP	DELRAY BEACH, FL 33445
NAME	GAROD, RICHARD	5. TITLE	☐ Change ☐ Addition
STREET ADDRESS	4807 W. ATLANTIC AVE.	6. NAME	
CITY, ST, ZIP	DELRAY BEACH FL	7. STREET ADDRESS	
TITLE	S	8. CITY, ST, ZIP	☐ Change ☐ Addition
NAME	GAROD, HARRIET	9. TITLE	
STREET ADDRESS	4807 W. ATLANTIC AVE.	10. NAME	
CITY, ST, ZIP	DELRAY BEACH FL	11. STREET ADDRESS	
TITLE		12. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		13. TITLE	
STREET ADDRESS		14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
TITLE		16. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		17. TITLE	
STREET ADDRESS		18. NAME	
CITY, ST, ZIP		19. STREET ADDRESS	
TITLE		20. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		21. TITLE	
STREET ADDRESS		22. NAME	
CITY, ST, ZIP		23. STREET ADDRESS	
TITLE		24. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		25. TITLE	
STREET ADDRESS		26. NAME	
CITY, ST, ZIP		27. STREET ADDRESS	
TITLE		28. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		29. TITLE	
STREET ADDRESS		30. NAME	
CITY, ST, ZIP		31. STREET ADDRESS	
TITLE		32. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		33. TITLE	
STREET ADDRESS		34. NAME	
CITY, ST, ZIP		35. STREET ADDRESS	
TITLE		36. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		37. TITLE	
STREET ADDRESS		38. NAME	
CITY, ST, ZIP		39. STREET ADDRESS	
TITLE		40. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		41. TITLE	
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
TITLE		44. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		45. TITLE	
STREET ADDRESS		46. NAME	
CITY, ST, ZIP		47. STREET ADDRESS	
TITLE		48. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		49. TITLE	
STREET ADDRESS		50. NAME	
CITY, ST, ZIP		51. STREET ADDRESS	
TITLE		52. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		53. TITLE	
STREET ADDRESS		54. NAME	
CITY, ST, ZIP		55. STREET ADDRESS	
TITLE		56. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		57. TITLE	
STREET ADDRESS		58. NAME	
CITY, ST, ZIP		59. STREET ADDRESS	
TITLE		60. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		61. TITLE	
STREET ADDRESS		62. NAME	
CITY, ST, ZIP		63. STREET ADDRESS	
TITLE		64. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		65. TITLE	
STREET ADDRESS		66. NAME	
CITY, ST, ZIP		67. STREET ADDRESS	
TITLE		68. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		69. TITLE	
STREET ADDRESS		70. NAME	
CITY, ST, ZIP		71. STREET ADDRESS	
TITLE		72. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		73. TITLE	
STREET ADDRESS		74. NAME	
CITY, ST, ZIP		75. STREET ADDRESS	
TITLE		76. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		77. TITLE	
STREET ADDRESS		78. NAME	
CITY, ST, ZIP		79. STREET ADDRESS	
TITLE		80. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		81. TITLE	
STREET ADDRESS		82. NAME	
CITY, ST, ZIP		83. STREET ADDRESS	
TITLE		84. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		85. TITLE	
STREET ADDRESS		86. NAME	
CITY, ST, ZIP		87. STREET ADDRESS	
TITLE		88. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		89. TITLE	
STREET ADDRESS		90. NAME	
CITY, ST, ZIP		91. STREET ADDRESS	
TITLE		92. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		93. TITLE	
STREET ADDRESS		94. NAME	
CITY, ST, ZIP		95. STREET ADDRESS	
TITLE		96. CITY, ST, ZIP	☐ Change ☐ Addition
NAME		97. TITLE	
STREET ADDRESS		98. NAME	
CITY, ST, ZIP		99. STREET ADDRESS	
TITLE		100. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and listed officers and directors are correct and supplemental information is reported in the annual report. I further certify that my report shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the officers or directors employed by the corporation, and that my name appears in Block 12 of Block 12 of Change Form, and attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN GAROD 1/26/96 (407) 499-1973

CR2E034 (12/95)