

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 # F93000003406 (6)

1. Corporation Name

CRABTREE & EVELYN, LTD. INC.



Principal Place of Business

**PEAKE BROOK ROAD
WOODSTOCK CT 06281**

Mailing Address

**50 ROUTE 171
SOUTH WOODSTOCK CT 06267
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1993

3a. Date of Last Report

04/12/1995

4. FEI Number

04-2481685

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 No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the filer, preparer

(Date) Registered Agent Signature (Typed or Printed Name) (Date)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KROLL, PAULA M	
STREET ADDRESS	PEAKE BROOK ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HARVEY, CYRUS I JR	
STREET ADDRESS	PEAKE BROOK ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARVEY, REBECCA M	
STREET ADDRESS	PEAKE BROOK ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHOPPE, IRVING J	
STREET ADDRESS	PEAKE BROOK ROAD	
CITY-ST-ZIP	WOODSTOCK CT 06281	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CUMMINGS, ALAN G	
STREET ADDRESS	50 ROUTE 171	
CITY-ST-ZIP	S. WOODSTOCK CT 06267	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWER, WILLIAM C	
STREET ADDRESS	2951 TILDEN STREET, NW	
CITY-ST-ZIP	WASHINGTON DC 20008	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

400001847154
-06/03/96--01019--039
***25.00

500001847195
-06/03/96--01019--040
***200.00

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 119.07(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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5-1-96

Date

860-928-1981

Debiting Phone #

CS 5/31/96

CR2E034 (12/95)