

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 # **267180** (8)

1. Corporation Name
CARRIAGE HOUSE DECORATIONS, INC.



Principal Place of Business: **264 SOUTH COUNTY ROAD PALM BEACH FL 33480**
Mailing Address: **264 SOUTH COUNTY ROAD PALM BEACH FL 33480**

3. Date Incorporated or Qualified 02/15/1963	3a. Date of Last Report 02/13/1995
4. FEI Number 59-1032295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Site, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.
26. Mailing Address Site, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.

9. Name and Address of Current Registered Agent
**WEARN, JAMES MCCARTNEY
2023 NORTH FLAGLER DR
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
81 Name: **A. Jeanne Marks**
82 Street Address (P.O. Box Number is Not Acceptable): **264 S. County RD**
83
84 **Palm Beach** FL 85 Zip Code: **33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0501, Florida Statutes.

SIGNATURE: *A. Jeanne Marks* **President** DATE: **2-23-96**

12. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> DELETE
NAME: MARKS, A. JEANNE	
STREET ADDRESS: 264 S COUNTY ROAD	
CITY-ST-ZIP: PALM BEACH, FL 33480	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: MARKS, STEVEN C	
STREET ADDRESS: 264 S COUNTY ROAD	
CITY-ST-ZIP: PALM BEACH, FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	33480
14 CITY-ST-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	33480
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 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 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: *A. Jeanne Marks* **Pres.** DATE: **1-30-96** TELEPHONE: **407-655-1247**

CR2E034 (12/95)