

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 368269 (7)

1. Corporation Name
ANNA GRACE O'DELL CO., INC.



Principal Place of Business: 1001 SW 2ND AVE #4 BOCA RATON FL 33432
Mailing Address: 1001 SW 2ND AVE #4 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 08/11/1970
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1299718
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**FRANGIE, BARBARA A.
8200 ROSE MARE AVE W.
BOYNTON BCH. FL 33437**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 607.0105, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANGIE, BARBARA A.	
STREET ADDRESS	8200 ROSE MARE AVE W.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'DELL, ANNA GRACE	
STREET ADDRESS	700 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANGIE, JANET M.	
STREET ADDRESS	168 N. IVY	
CITY-ST-ZIP	MONROVIA CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MICHELS, KENNETH M. JR	
STREET ADDRESS	CR 412B	
CITY-ST-ZIP	LAKE PANASOFFKKEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRANGIE, TERI ANN	
STREET ADDRESS	221 JOOST AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	FRANGIE/BUD VD	<input type="checkbox"/> DELETE
NAME	18929 MALINA	
STREET ADDRESS	DETROIT, MI 48236	
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	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
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 or on an attachment with an address.

SIGNATURE: *Barbara A. Frangie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bank deposit \$225.00
5-22-96 4073958005

CR2E034 (12/95)