

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 819234 (6)

1. Corporation Name
RUTH CHAGNON, INC.



Principal Place of Business

Mailing Address

**1136 E. ATLANTIC AVE.
DELRAY BEACH FL 33483**

**1136 E. ATLANTIC AVE.
DELRAY BEACH FL 33483**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, et...

26 Suite, Apt. #, et...

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**EATON, MARGUERITE E.
910 MELALEUCA ROAD 18 Par Club Circle
DELRAY BEACH FL 33483 Village of Golf, F133436**

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 607.01 and 607.02, Florida Statutes, the above named corporation hereby 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 607.01 and 607.02, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	EATON, MARGUERITE W.	
STREET ADDRESS	910 MELALEUCA	
CITY, ST, ZIP	DELRAY BCH. FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	WANTY, SARA E	
STREET ADDRESS	4333 N OCEAN DRIVE	
CITY, ST, ZIP	DELRAY 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.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13

**18 Par Club Circle
Village of Golf, F1 33436**

Apt BN3

14. I do hereby certify that the information supplied herein is true, correct and complete and does not conflict with the provisions of Section 119.07(1)(c), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 for which this report is prepared by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with a fee.

SIGNATURE: *Marguerite W. Eaton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

CR2E034 (12/95)