

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 # F68694 (1)
1. Corporation Name
CHARTRAND'S DESIGNS, INC.



Principal Place of Business Mailing Address
**379 TEQUESTA DRIVE
GALLERY SQUARE NORTH
TEQUESTA FL 33469
US** **379 TEQUESTA DRIVE
GALLERY SQUARE NORTH
TEQUESTA FL 33469
US**

3. Date Incorporated or Qualified **02/25/1982** 3a. Date of Last Report **04/03/1995**
4. FEI Number **59-2296504** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CHARTRAND, ELEANOR
1127 SEMINOLE EAST, UNIT 17A
JUPITER FL 33459**
10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARTRAND, ELEANOR	12 NAME	
STREET ADDRESS	1127 SEMINOLE EAST #17A	13 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 2 NAME	
CITY - ST - ZIP		2 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2 4 CITY - ST - ZIP	
NAME		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3 2 NAME	
CITY - ST - ZIP		3 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3 4 CITY - ST - ZIP	
NAME		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4 2 NAME	
CITY - ST - ZIP		4 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4 4 CITY - ST - ZIP	
NAME		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY - ST - ZIP		5 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5 4 CITY - ST - ZIP	
NAME		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6 2 NAME	
CITY - ST - ZIP		6 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6 4 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: Eleanor Chartrand 4-18-96 744-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)