

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005180 (2)

1. Corporation Name
EASELS BY AMRON INC.

Principal Place of Business

PO BOX 9338
SAN RAFAEL CA 94912-9338

Mailing Address

PO BOX 9338
SAN RAFAEL CA 94912-9338



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6601 LYONS RD		26 PO BOX 970330		10/08/1996		_____	
22 Suite H-3		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 COCONUT CREEK FL		28 COCONUT CREEK FL		62-1130235		Not Applicable	
24 33073		29 33097		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		27		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

KNOLL, HARRY
5902 BLUE BEECH PL
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name EDYTHE ANGELL
82 Street Address P.O. Box Number is Not Acceptable 1543 BRIDGEWOOD DR
83
84 City BOCA RATON FL 85 33434

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 Edythe G. Angell DATE 4-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	Change Addition
NAME	ANGELL, ALAN	1.2 NAME	
STREET ADDRESS	76 BELVEDERE ST #E	1.3 STREET ADDRESS	6601 LYONS RD #H-3
CITY-ST-ZIP	SAN RAFAEL CA 94901	1.4 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	ST	2.1 TITLE	Change Addition
NAME	ANGELL, LISA	2.2 NAME	
STREET ADDRESS	76 BELVEDERE ST #E	2.3 STREET ADDRESS	6601 LYONS RD #H-3
CITY-ST-ZIP	SAN RAFAEL CA 94901	2.4 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE

4/1/97

954-570-5444

CR2E034 (9/96)