

**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

4-2-96 B-2999-C  
(7)

DOCUMENT # J01985

1. Corporation Name

CHAO FRAME AND ART SUPPLY, INC.



Principal Place of Business

1514 NO. THIRD ST  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

390 9TH AVE N.  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

TAYLOR, THOMAS C.  
603 NO 15TH STREET  
JACKSONVILLE BCH. FL 32250

2a. Mailing Address

26 1514 No Third St.

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE BEACH, FL

Zip

29 32250

Country

30 USA

3. Date Incorporated or Qualified  
03/03/1986

3a. Date of Last Report  
08/30/1995

4. FL Number  
59-2647792

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

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 607.012 and 607.013, Florida Statutes, this above named corporation prohibits 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 607.012 and 607.013, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P TAYLOR, ROGER C. 1508 BENTIN DR N. JACKSONVILLE BCH FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V BINKS, TAMALA TAYLOR 13801 BEACH BLVD., #604 JACKSONVILLE BCH FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST TAYLOR, ELSIEJEAN 1508 BENTIN DR N. JACKSONVILLE BCH FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	32250 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	JACKSONVILLE FL. 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
8. CITY, ST, ZIP	32250 <input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary 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 form of 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 provide this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of charges, or as an attachment with an affidavit.

SIGNATURE: *Elsiejean Taylor* ELSIEJEAN TAYLOR 3-29-96 904-249-4053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)