

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

FILED

**Jun 18 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 # J57803 (5)

1. Corporation Name
CHEVEUX ROUX INC.



Principal Place of Business 3111-25 MAHAN DR. SUITE #25 TALLAHASSEE FL 32308 US	Mailing Address 2012 WALDEN RD. TALLAHASSEE FL 32311-5405
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 01/08/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2814155		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	30 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DOYLE, CHERYL A 2012 WALDEN RD TALLAHASSEE FL 32311				10. Name and Address of New Registered Agent	
				81 Name Charlene T. Hinson	
				82 Street Address (P.O. Box Number is Not Acceptable) 6721 Walden Circle	
				83 City Tallahassee FL	
				84 Zip Code 32311	

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRIGHT, CHERYL A		1.2 NAME Charlene T. Hinson	
STREET ADDRESS 1010 N. DUVAL ST		1.3 STREET ADDRESS 6721 Walden Circle	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee, FL 32311	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENRIGHT, CHERYL A		2.2 NAME	
STREET ADDRESS 1010 N. DUVAL ST		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **6/18/97** **6721 Walden Circle**

CR2E034 (9/96)