

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M65233 (2)

1. Corporation Name:

PETITE CONNECTION OF DELRAY, INC.



Principal Place of Business

1020 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

1020 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ISENBERG, WILLIAM S.
THE ADVOCATE BUILDING, SUITE 200
315 SOUTHEAST 75H STREET
FT. LAUDERDALE FL 33301

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 607.1501, 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 of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	FROST, THERESIA	
STREET ADDRESS	22017 PALMS WAY #3105	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. 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; that the registered agent is 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 is an attorney-in-fact with authority.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa Frost

5/24/96

407-243-4618

CR2E034 (12/95)