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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M81261 (3)

1. Corporation Name

CORINNE'S TROPHIES AND AWARDS, INC.



Principal Place of Business

6223 RIDGE RD.
PORT RICHEY FL 34668

Mailing Address

6223 RIDGE RD.
PORT RICHEY FL 34668

3. Date Incorporated or Qualified

05/13/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

County

24

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, JACK L.
6223 RIDGE RD.
PORT RICHEY FL 34668

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JEANNE	
STREET ADDRESS	6012 LAKEVIEW DR.	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, JACK L.	
STREET ADDRESS	6012 LAKEVIEW DR.	
CITY-STATE-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HAINES, DORI A.	
13 STREET ADDRESS	14000 BANYAN ROAD	
14 CITY-STATE-ZIP	SPRING HILL, FL 34609	
21 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HAINES, RONALD G. JR	
23 STREET ADDRESS	14000 BANYAN ROAD	
24 CITY-STATE-ZIP	SPRING HILL, FL 34609	
31 TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JUANITA HAINES	
33 STREET ADDRESS	6631 WINDING BROOK DR.	
34 CITY-STATE-ZIP	NEW PORT RICHEY, FL 34655	
41 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	RONALD G. HAINES, JR	
43 STREET ADDRESS	6631 WINDING BROOK DR.	
44 CITY-STATE-ZIP	NEW PORT RICHEY, FL 34655	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 2 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

813
846-8255

CR2E034 (12/95)