

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25027** (6)
1. Corporation Name

CHARLOTTE PORCELAIN ARTISTS, INC.



Principal Place of Business 1315 AEGEAN COURT PORT CHARLOTTE FL 33983	Mailing Address 1315 AEGEAN COURT PORT CHARLOTTE FL 33983-6141
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last Report 03/07/1996
				4. FEI Number 59-2106573	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEARLOVE, MARION 1315 AEGEAN COURT PORT CHARLOTTE FL 33983				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, DORIS		1.2 NAME	Helen Anderson	
STREET ADDRESS	7067 MIFFLIN ST		1.3 STREET ADDRESS	2048 Seafarer Dr.	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	Habor Heights, FL 33983	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BETTY		2.2 NAME		
STREET ADDRESS	14520 ARMADO STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33953		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARLOVE, MARION		3.2 NAME		
STREET ADDRESS	1315 AEGEAN COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		3.4 CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSSELL, BETTY		4.2 NAME	Doris Egan	
STREET ADDRESS	12290 W ALBRECHT TR		4.3 STREET ADDRESS	7067 Mifflin St	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP	Englewood, FL 34224	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marion Dearlove*

CR2E037 (9/96)