

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37842** (2)  
1. Corporation Name  
**LE PETIT CAROUSEL, INC.**



Principal Place of Business <b>51 NOTTINGHAM TERRACE BUFFALO NY 14218</b>	Mailing Address <b>51 NOTTINGHAM TERRACE BUFFALO NY 14218-3619</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/10/1992</b>	3a. Date of Last Report <b>04/12/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>16-0927971</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**WYCKOFF, SHELBY DE PEYSTER**  
**315 PENDLETON LANE**  
**PALM BCH. FL 33480**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, SHELBY DE PEYST	1.2 NAME	
STREET ADDRESS	51 NOTTINGHAM TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSBAUMER, JUDY	2.2 NAME	
STREET ADDRESS	51 CLEVELAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, CLINTON R., III	3.2 NAME	
STREET ADDRESS	51 NOTTINGHAM TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCKOFF, CLINTON R., III	4.2 NAME	
STREET ADDRESS	51 NOTTINGHAM TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY	4.4 CITY-ST-ZIP	
TITLE		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		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: *S. Wyckoff* (Shelby Wyckoff President) 4/26/97 741-872-2224

CR2E034 (9/96)