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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000051136 (8)

1. Corporation Name
ECLECTIC EMPORIUM, INC.



Principal Place of Business

Mailing Address

246 N KENTUCKY AVE
LAKELAND FL 33801
US

P.O. BOX 497
MULBERRY FL 33860-0497
US

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21 255 N Kentucky Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Lakeland, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

33801

US

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BADCOCK, MARY R
308 N.W. 8TH ST.
MULBERRY FL 33860

81 Name Badcock, Mary R
82 Street Address (P.O. Box Number is Not Acceptable)
7 Brook Lane

84 City Lakeland

FL

85 Zip Code 33803

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BADCOCK, MARY R
STREET ADDRESS 308 N.W. 8TH ST.
CITY-ST-ZIP MULBERRY FL

1.1 TITLE PD
1.2 NAME Badcock, Mary R
1.3 STREET ADDRESS 7 Brook Lane
1.4 CITY-ST-ZIP Lakeland, FL 33803

TITLE STD
NAME STEPHENS, GLORIA J
STREET ADDRESS 6324 CALUSA DR
CITY-ST-ZIP LAKELAND FL 33813

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Mary R. Badcock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

Date

Daytime Phone #

CR2E034 (9/96)