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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000037796 (6)**

1. Corporation Name

**FANTASTIC FEATHERS, INC.**

Principal Place of Business

**7430 S US #1**
**PORT ST LUCIE FL 34952**

Mailing Address

**7430 S US #1**
**PORT ST LUCIE FL 34952**

3. Date Incorporated or Qualified: **05/11/1995**

3a. Date of Last Report:

4. FEI Number: **65-0592704** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

**CHARTERS, LYNNE**
**7430 S US #1**
**PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.1005, 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. The name and address of the registered agent and the registered office before this statement are:

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 96

[ ] Change [X] Addition

PRESIDENT
LYNNE CHARTERS
7430 S US #1
PORT ST LUCIE, FL 34952

[ ] Change [ ] Addition

000001757780
-03/26/96--01111--005
***200.00

14. I do hereby certify that the corporation named in this report has complied with the financial reporting requirements of Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication that I am an officer or director or will be added.

**SIGNATURE:** Lynne Charters 3-13-96 407-340-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)