

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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• PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052871 (6)

1. Corporation Name
C B'S DOLL PALACE, INC.

FILED

97 AUG -5 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3725 C SOUTH ACCESS ROAD ENGLEWOOD FL 34223	Mailing Address 3725 C SOUTH ACCESS ROAD ENGLEWOOD FL 34223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1996	3a. Date of Last Report N/A
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0674702		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BICKES, GERALDINE 3725 C SOUTH ACCESS ROAD ENGLEWOOD FL 34223		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT "P"
STREET ADDRESS		1.3 STREET ADDRESS	GERALDINE BICKES
CITY-ST-ZIP		1.4 CITY-ST-ZIP	13583 FORESMAN BLVD. PORT CHARLOTTE, FL 33981
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	S-T
STREET ADDRESS		2.3 STREET ADDRESS	CHARLES W. BICKES, JR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	P.O. BOX 930091 N/A WILKON, MI. 48393-0091
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	V
STREET ADDRESS		3.3 STREET ADDRESS	DONALD CARLU
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4576 KEMPSON LANE PORT CHARLOTTE, FL 33981
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)

Charles W. Bickes, Jr.

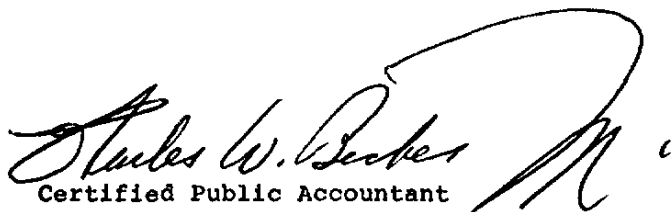
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CERTIFIED PUBLIC ACCOUNTANT

P.O. Box 930091
Wixom, Michigan 48393-0091
(810) 926-9644

Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check in the amount of \$ 165.00. I call the following telephone number 904-488-9000, July 29, 1997 and explained the problem to see if the penalty of \$ 385.00 would be waived. I was instructed to write a letter of explanation for which I am doing now. We did not receive the first form that was mailed out, the second notice packet was the first form that we received. Thanking you for your consideration at this time.


Certified Public Accountant
July 31, 1997