

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000036653 (8)

1. Corporation Name
CHUCKLES FAVORITE THINGS, INC.



Principal Place of Business
4105 JONQUIL CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

Mailing Address
4105 JONQUIL CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2201 SE Indus ST	26	SAME AS	04/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 UNIT R5		27 ABOVE.		65-0809627	
City & State		City & State		Applied For	
23 STUART FL.		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34997	25 FLORIDA	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

CZAJKOWSKI, JEROME
4105 JONQUIL CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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

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	P	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZAJKOWSKI, MARIA I	1.2 NAME	CZAJKOWSKI, Jerome P
STREET ADDRESS	4105 JONQUIL CIRCLE SOUTH	1.3 STREET ADDRESS	4105 Jonquil Cir S
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MARGARET E	2.2 NAME	
STREET ADDRESS	1527 LANCE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33469	2.4 CITY-ST-ZIP	
TITLE	Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZAJKOWSKI, Jerome P	3.2 NAME	
STREET ADDRESS	4105 Jonquil Cir S	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	3.4 CITY-ST-ZIP	
TITLE		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		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 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 supplementary 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 (10/97)