

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 585205  
 1. Corporation Name: **READ ABBOTT ENTERPRISES, INC.,  
 998 W. OAKWOOD RD  
 ORANGE CITY, FL 32763.**

Principal Place of Business: **DISTINCTIVE QUALITY MANTELS  
 1255 BELLE AVE., STE 126.  
 WINTER SPRINGS, FL 32708.**

2. Principal Place of Business	2a. Mailing Address
21. Subj. Apt. #, etc.	26. Subj. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/04/91	07/01/95
4. FEI Number	Applied For
593089391	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**RAE ELENOR  
 100 CRESCENT BVD.,  
 SANFORD, FL 32771**

10. Name and Address of New Registered Agent  
**RAE ELENOR  
 998 W. OAKWOOD RD.,  
 ORANGE CITY FL 32763**

11. Pursuant to the provisions of Sections 607.0609 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the State of Florida of the corporation of Section 607.0609, Florida Statutes.

SIGNATURE: *Rae Elenor* **RAE ELENOR Pres. RAE, INC. July 31 1996**

12. DIRECTORS AND OFFICERS

NAME	P/S ELENOR, RAE	<input type="checkbox"/> Delete
STREET ADDRESS	100 CRESCENT BVD	
CITY & STATE	SANFORD FL 32771	
ZIP	V/P/S	<input type="checkbox"/> Delete
NAME	ELENOR, JOAN	
STREET ADDRESS	100 CRESCENT BVD	
CITY & STATE	SANFORD FL 32771	
ZIP	V/P	<input type="checkbox"/> Delete
NAME	GUEST, OLIVER CLARK	
STREET ADDRESS	413 RANCH TRAIL	
CITY & STATE	CASSELBERRY FL 32707	
ZIP		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY & STATE		
ZIP		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY & STATE		
ZIP		<input type="checkbox"/> Delete

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	P/S ELENOR, RAE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
STREET ADDRESS	998 OAKWOOD RD.	
CITY & STATE	ORANGE CITY, FL 32763	
ZIP	V/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	ELENOR, JOAN	
STREET ADDRESS	998 OAKWOOD RD	
CITY & STATE	ORANGE CITY FL 32763	
ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		
STREET ADDRESS		
CITY & STATE		
ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		
STREET ADDRESS		
CITY & STATE		
ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add New

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 \*\*\*225.00

*Rae Elenor*

14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original of the above information as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original of the above information as the same appears in the records of the Department of State, and that the same is a true and correct copy of the original of the above information as the same appears in the records of the Department of State.

SIGNATURE: *Rae Elenor* **Pres RAE, INC**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RAE ELENOR**

7/3/96 407 696 4441

CR2E034 (3/96)