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FILED
Feb 27 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 # S85205 (0)
 1. Corporation Name
READ ABBOTT ENTERPRISES, INCORPORATED



Principal Place of Business Mailing Address
DISTINCTIVE QUALITY MANTELS
1255 BELLE AVE. STE 126
WINTER SPRINGS FL 32708
US

3. Date Incorporated or Qualified **10/04/1991** 3a. Date of Last Report **07/11/1996**

2. Principal Place of Business 2a. Mailing Address
 21 **1696 BEARDALL AVE.,** 26 **1696 BEARDALL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3089391** Applied For
 Not Applicable

22 City & State 27 City & State
SANFORD, FLORIDA **SANFORD, FLORIDA**

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country
32771 USA **32771 USA**

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

24 25 29 30
32771 USA 32771 USA

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

9. Name and Address of Current Registered Agent
ELENOR, RAE
998 W OAKWOOD RD.
ORANGE CITY FL 32763

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

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	ELENOR, RAE	
STREET ADDRESS	998 OAKWOOD RD.	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ELENOR, JOAN	
STREET ADDRESS	998 OAKWOOD RD.	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUEST, OLIVER CLARK	
STREET ADDRESS	413 RANCH TRAIL	
CITY - ST - ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Rae Elenor** **RAE ELENOR** Pres RAE **Feb 23 1997** **407 323 3313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)