

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

FILED

May 19 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 # V58423 (7)  
1. Corporation Name  
BUTTERCUP COTTAGE, INC.



Principal Place of Business  
227 MIAMI AVENUE WEST  
VENICE FL 34285

Mailing Address  
227 MIAMI AVENUE WEST  
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3158165	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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHEVALIER, MARY O  
227 MIAMI AVENUE WEST  
VENICE FL 34285

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR - PRES
NAME	CHEVALIER, MARY O	1.2 NAME	CHEVALIER, MARY O
STREET ADDRESS	227 MIAMI AVE WEST	1.3 STREET ADDRESS	500 VILLAS DRIVE
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE FL 34285
TITLE	VPD	2.1 TITLE	DIRECTOR - VICE PRES
NAME	CHEVALIER-CARR, CHERI	2.2 NAME	CHEVALIER, CHERI
STREET ADDRESS	2713 HERITAGE LANE N. 1150 ROSEDALE	2.3 STREET ADDRESS	P.O. Box 731 - 1150 ROSEDALE Rd
CITY-ST-ZIP	BARDENTON FL Venice FL 34293	2.4 CITY-ST-ZIP	VENICE FL 34284 - Venice FL 34293
TITLE	D	3.1 TITLE	Sec/TREAS
NAME	CLAUSSEN, STEPHANIE	3.2 NAME	CHAUSSEN, STEPHANIE
STREET ADDRESS	611 CEDAR STREET	3.3 STREET ADDRESS	611 Cedar St
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	Longboat Key FL 34228
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 (STEPHANIE CLAUSSEN) 4-15-98 941-383-7761

CR2E034 (10/97)