

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69570 (2)

1. Corporation Name
HAPPY STORES, INC.

Principal Place of Business

319 MOUNTAIN DR.
DESTIN FL 32541
US

Mailing Address

P.O. BOX 9
DESTIN FL 32540-0009
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last Report 04/12/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 59-3147478	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	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RICHARDSON, JAMES L JR.
319 MOUNTAIN DR.
SUITE 4
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name RICHARDSON JAMES L JR.
82 Street Address (P.O. Box Number is Not Acceptable)
319 Mountain Drive
83
84 City Destin FL 85 Zip Code 32541

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)

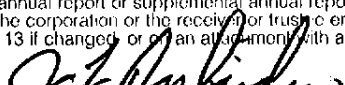
(NOTE: Registered Agent signature required when reinstating)

3/13/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, JAMES L JR.			1.2 NAME			
STREET ADDRESS	415 MOUNTAIN DR. SUITE 4			1.3 STREET ADDRESS	319 Mountain Drive		
CITY-ST-ZIP	DESTIN FL 32541			1.4 CITY-ST-ZIP	Destin FL 32541		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONINE, J L			2.2 NAME			
STREET ADDRESS	4321 VILLAGE OAKS LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DUNWOODY GA 30338			2.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAGNON, DENNIS P			3.2 NAME			
STREET ADDRESS	415 MOUNTAIN DRIVE, SUITE 4			3.3 STREET ADDRESS	319 Mountain Drive		
CITY-ST-ZIP	DESTIN FL			3.4 CITY-ST-ZIP	Destin FL 32541		
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 as an addressee with an address.

SIGNATURE



3/13/97 904-837-3977

CR2E034 (9/96)