

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90022 014 \*\*\*558.75

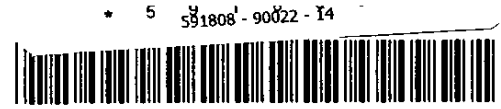


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F98000003894** ✓  
 1. Corporation Name

**DIRECT FRAGRANCES, INC.**



Principal Place of Business  
**50 EMJAY BOULEVARD  
 BRENTWOOD NY 11717**

Mailing Address  
**50 EMJAY BOULEVARD  
 BRENTWOOD NY 11717**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/09/1998**

2. Principal Place of Business  
**21 11955 SW 142nd Terrace**

2a. Mailing Address  
**21 11955 SW 142nd Terrace**

4. FEI Number  
**06-1520492**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.  
**22**

27 Suite, Apt. #, etc.  
**27**

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

23 City & State  
**Miami, FL**

28 City & State  
**28**

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

24 Zip  
**33186**

25 Country  
**25**

29 Zip  
**29**

30 Country  
**30**

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**PARALEGAL & ATTORNEY SERVICES BUREAU INC  
 1406 HAYS STREET, STE #2  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
**81**

82 Street Address (P.O. Box Number is Not Acceptable)  
**82**

83  
**83**

84 City  
**FL**

85 Zip Code  
**85**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, HERMAN	1.2 NAME	
STREET ADDRESS	50 EMJAY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD NY	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMILZADEH, DAVID	2.2 NAME	
STREET ADDRESS	50 EMJAY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JACK	3.2 NAME	
STREET ADDRESS	50 EMJAY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, VICTOR	4.2 NAME	
STREET ADDRESS	50 EMJAY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD NY	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 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: \_\_\_\_\_ DATE: **7/12/99** PHONE: **516/787-1265**

CR2E034 (5/99)