

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J76260 (5)**

1. Corporation Name
SECRET PRODUCTS INC.



Principal Place of Business: **516 DOUGLAS AVE SUITE 1108 ALTAMONTE SPRINGS FL 32714 US**
Mailing Address: **516 DOUGLAS AVE SUITE 1108 ALTAMONTE SPRINGS FL 32714 US**

3. Date Incorporated or Qualified: **06/05/1987**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2817523**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1706 E. SEMORAN BLVD SUITE 130 APOPKA, FL 32703 USA**
2a. Mailing Address: **1706 E. SEMORAN BLVD SUITE 130 APOPKA, FL 32703 USA**

9. Name and Address of Current Registered Agent: **SIMMONS, SHELBY 516 DOUGLAS AVE., #1108 ALTAMONTE SPRINGS 32714**
10. Name and Address of New Registered Agent: **81 Name: SHELBY SIMMONS 82 Street Address: 1706 E. SEMORAN BLVD SUITE 130 83 APOPKA FL 84 Zip Code: 32703**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *SHELBY SIMMONS* SHELBY SIMMONS 1/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONS, CYNTHIA	
STREET ADDRESS	100 BUTTONWOOD DR.	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMMONS, SHELBY	
STREET ADDRESS	100 BUTTONWOOD DR.	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attached sheet with an address.

SIGNATURE: *SHELBY S. SIMMONS* SHELBY S. SIMMONS 1/26/96 (207) 884-8668

CR2E034 (12/95)