

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 # F94000003269 (7)

1. Corporation Name

MODEL IMPERIAL FINE FRAGRANCES, INC.

Principal Place of Business

1243 CLINT MOORE ROAD  
BOCA RATON FL 33487

Mailing Address

1243 CLINT MOORE ROAD  
BOCA RATON FL 33487



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0501072

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

JAMES, KEITH A  
% GREENBERG, TRAUIG ET AL  
777 SOUTH FLAGLER DR., STE. 310 EAST  
WEST PALM BEACH FL 33401

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	ICKOVICS, HAROLD M	
STREET ADDRESS	1243 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	<del>VS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>GOLDMAN, ILENE C</del>	
STREET ADDRESS	<del>1243 CLINT MOORE ROAD</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33487</del>	
TITLE	<del>S</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KESH, STEPHEN J</del>	
STREET ADDRESS	<del>1243 CLINT MOORE ROAD</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33487</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAZZOCCO, SHERRI	
STREET ADDRESS	1243 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RILEY, HILARY W	
STREET ADDRESS	1243 CLINT MOORE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33487	
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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)