


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

**FILED**

**May 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																													
<b>DOCUMENT # F95000003821</b> 1. Corporation Name <b>Mistic Brands, Inc.</b>																																																																	
Principal Place of Business <b>709 Westchester Ave. White Plains, NY 10604</b>			Mailing Address <b>709 Westchester Ave., White Plains, NY 10604</b>																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>8/8/95</b> 3a. Date of Last Report <b>4/24/96</b> 4. FEI Number <b>13-3844011</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>																																																														
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																	
<b>12. OFFICERS AND DIRECTORS</b>																																																																	
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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, changed, or as an attachment with an address.																																																																	
<b>SIGNATURE: Robert J. Crowe, Asst. VP-Taxes</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																	

**900002170739**  
**-05/08/97--01008--063**  
**\*\*\*165.00**

**4/22/97**

**212-451-3115**

CR2E034 (9/96)