

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003821 (4)
1. Corporation Name
MISTIC BRANDS, INC.



Principal Place of Business 709 WESTCHESTER AVE. WHITE PLAINS NY 10604	Mailing Address 709 WESTCHESTER AVE. WHITE PLAINS NY 10604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-3844011		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	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CEO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PELTZ, NELSON			1.2 NAME	Michael F. Weinstein		
STREET ADDRESS	900 THIRD AVE.			1.3 STREET ADDRESS	709 Westchester Avenue		
CITY-ST-ZIP	NEW YORK NY 10022			1.4 CITY-ST-ZIP	White Plains, NY 10604		
TITLE	PCOO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAY, PETER W			2.2 NAME	Richard Allen		
STREET ADDRESS	900 THIRD AVE.			2.3 STREET ADDRESS	709 Westchester Avenue		
CITY-ST-ZIP	NEW YORK NY 10022			2.4 CITY-ST-ZIP	White Plains, NY 10604		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWE, ROBERT J			3.2 NAME	Robert J. Crowe		
STREET ADDRESS	900 THIRD AVE.			3.3 STREET ADDRESS	280 Park Avenue		
CITY-ST-ZIP	NEW YORK NY 10022			3.4 CITY-ST-ZIP	New York, NY 10017		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEN, STUART I			4.2 NAME	Stuart I. Rosen		
STREET ADDRESS	900 THIRD AVE.			4.3 STREET ADDRESS	280 Park Avenue		
CITY-ST-ZIP	NEW YORK NY 10022			4.4 CITY-ST-ZIP	New York, NY 10017		
TITLE	PCFO	<input type="checkbox"/> DELETE		5.1 TITLE	P COO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVALLO, ERNEST J.			5.2 NAME	Ernest J. Cavallo		
STREET ADDRESS	709 WESTCHESTER AVE.			5.3 STREET ADDRESS	709 Westchester Avenue		
CITY-ST-ZIP	WHITE PLAINS NY 10604			5.4 CITY-ST-ZIP	White Plains, NY 10604		
TITLE	VT	<input type="checkbox"/> DELETE		6.1 TITLE	V T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULTZ, THOMAS E			6.2 NAME	Thomas E. Shultz		
STREET ADDRESS	900 THIRD AVE.			6.3 STREET ADDRESS	280 Park Avenue		
CITY-ST-ZIP	NEW YORK NY 10022			6.4 CITY-ST-ZIP	New York, NY 10017		

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: Robert J. Crowe Asst. VP+Taxes

4/15/98

212-451-3115

CR2E034 (10/97)