

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J79202 (4)**  
1. Corporation Name  
**PARFUMS NAUTEE LTD., INC.**



Principal Place of Business: **2016 36TH AVE VERO BEACH FL 32960 US**  
Mailing Address: **2016 36TH AVE VERO BEACH FL 32960-2446 US**

3. Date Incorporated or Qualified: **06/22/1987**  
3a. Date of Last Report: **06/21/1996**  
4. FEI Number: **59-2831489**  
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  
21 **2505 FAIRWAY DR.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **VERO BEACH, FL.**  
Zip **32960** Country **USA**  
24 **FL** 25 **USA**  
26 **2505 FAIRWAY DR.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **VERO BEACH, FL.**  
Zip **32960** Country **USA**  
29 **32960** 30

9. Name and Address of Current Registered Agent  
**WEEMS, ROBERT JR.**  
**2016 36TH AVE**  
**VERO EBACH FL 32960**

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]* 1/23/97  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when consolidating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	<b>WEEMS, ROBERT JR.</b>	
STREET ADDRESS	<b>2016 36TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	<b>WEEMS, KATHERINE E.</b>	
STREET ADDRESS	<b>2016 36TH AVE</b>	
CITY-ST-ZIP	<b>VERO BCH. FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HUSCHLE, CHARLES F.</b>	
STREET ADDRESS	<b>1875 BAY RD, VILLA 2178 H</b>	
CITY-ST-ZIP	<b>VERO BCH. FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, WARREN E.</b>	
STREET ADDRESS	<b>315 22ND AVE</b>	
CITY-ST-ZIP	<b>VERO BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>2505 FAIRWAY DR</b>
1.3 STREET ADDRESS	<b>VERO BEACH, FL. 32960</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>2505 FAIRWAY DR.</b>
2.3 STREET ADDRESS	<b>VERO BEACH, FL. 32960</b>
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 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: *[Signature]* 1/23/97 601-362-8472

CR2E034 (9/96)