

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 25 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K56695** (5)

1. Corporation Name  
**SCENTIQUE PERFUME INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
C/O WILLIAM M. TATE, JR.  
2550 N.E. 23RD ST.  
POMPANO BEACH FL 33062  
C/O WILLIAM M. TATE, JR.  
2550 N.E. 23RD ST  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0231702** 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

2. Principal Place of Business 2a. Mailing Address  
21 RT2 BOX 70 26 RT2 BOX 70  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 MIDDLESBORO, KY 28 MIDDLESBORO, KY  
Zip Country Zip Country  
24 40965 25 BELL 29 40965 30 BELL

9. Name and Address of Current Registered Agent  
TATE, WILLIAM M. JR.  
2550 N.E. 23RD ST.  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent  
81 Name BRUCE SOULIE  
82 Street Address (P.O. Box Number is Not Acceptable) 289 E. OAKLAND PARK BLVD  
83 City FT LAUDERDALE  
84 Zip Code 33334  
85 City MIDDLESBORO KY FL 86 Zip Code 40965

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 Bruce Soulie DATE 4/21/95  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TATE, DONNA G.
STREET ADDRESS	2550 N.E. 23RD ST
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	TATE, WILLIAM M. JR.
STREET ADDRESS	2550 N.E. 23RD ST
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
1.3 STREET ADDRESS	RT2 BOX 70
1.4 CITY - ST - ZIP	MIDDLESBORO, KY 40965
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	RT - BOX 70
2.4 CITY - ST - ZIP	MIDDLESBORO, KY 40965
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)(b), 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: WILLIAM M. TATE, JR DATE 4/21/95 (Type Name & Date)  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR