


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

FILED
Feb 19 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 # K56695 (5)
 1. Corporation Name
SCENTIQUE PERFUME INTERNATIONAL, INC.



Principal Place of Business C/O WILLIAM M. TATE, JR. ROUTE 2 BOX 70 MIDDLESBORO KY 40965 US	Mailing Address C/O WILLIAM M. TATE, JR. ROUTE 2 BOX 70 MIDDLESBORO KY 40965 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 10874 SE 108 TERR RD	22	26 10874 SE 108 TERR RD	27	01/09/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23 BELLEVUE, FL		28 BELLEVUE, FL		65-0231702	
City & State		City & State		Applied For	
24 34420		29 34420		Not Applicable	
Country		Country		5. Certificate of Status Desired	
25 MARION US		30 US		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

SOULE, BRUCE 289 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334		81 Name	WILLIAM M. TATE JR		
		82 Street Address (P.O. Box Number is Not Acceptable)	10874 SE 108 TERR RD		
		83			
		84 City	BELLEVUE	FL	85 Zip Code
					34420

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]* **GRAS WILLIAM M. TATE, JR 2/17/98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, DONNA G.	1.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 70	1.3 STREET ADDRESS	10874 SE 108 TERR RD
CITY-ST-ZIP	MIDDLESBORO KY	1.4 CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, WILLIAM M. JR.	2.2 NAME	
STREET ADDRESS	ROUTE 2 BOX 70	2.3 STREET ADDRESS	10874 SE 108 TERR RD
CITY-ST-ZIP	MIDDLESBORO KY	2.4 CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **GRAS WILLIAM M. TATE JR 2/17/98**

CR2E034 (10/97)