


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001722 (5)**

1. Corporation Name

TENDER ESSENCE, INC.



Principal Place of Business 202 NORTHWEST 5TH AVENUE DELRAY BEACH FL 33444	Mailing Address 222 NORTHWEST 5TH AVENUE DELRAY BEACH FL 33444-2739
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2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 1476		3. Date Incorporated or Qualified 03/28/1996		3a. Date of Last Report N/A	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0655166		Applied For Not Applicable	
City & State 23		City & State 28 Delray Bch, Florida		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24	Country 25	Zip 29 33447-1476	Country 30 Palm Beach	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRANCIS, SHEILA M		1.2 NAME Dobard, Tia	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		1.3 STREET ADDRESS 315 S.W. 7th Avenue	
CITY-ST-ZIP DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP Delray Beach, Florida 33444	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARTER, JUDITH		2.2 NAME Maloy, Brenda	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		2.3 STREET ADDRESS 17 S.W. 14th Avenue	
CITY-ST-ZIP DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP Delray Beach, Florida 33444	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LECONTE, SHERRY		3.2 NAME Allen, Mavis	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		3.3 STREET ADDRESS 226 N.W. 5th Avenue	
CITY-ST-ZIP DELRAY BEACH FL 33444		3.4 CITY-ST-ZIP Delray Beach, Florida 33444	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, ANDREW		4.2 NAME Miley, Jeffery	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		4.3 STREET ADDRESS 8700 S.W. 133rd Avenue Road#416-8	
CITY-ST-ZIP DELRAY BEACH FL 33444		4.4 CITY-ST-ZIP Kendall, Florida 33183	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILEY, JEFFREY		5.2 NAME Reed, Andrew	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		5.3 STREET ADDRESS 320 S.W. 10th Avenue	
CITY-ST-ZIP DELRAY BEACH FL 33444		5.4 CITY-ST-ZIP Delray Beach, Florida 33444	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BUTLER, KATHERINE		6.2 NAME Sergio, Joan	
STREET ADDRESS 222 NORTHWEST 5TH AVENUE		6.3 STREET ADDRESS 1117 Seaspray Avenue	
CITY-ST-ZIP DELRAY BEACH FL 33444		6.4 CITY-ST-ZIP Delray Beach, Florida 33483	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* April 1, 1997

CR2E037 (9/96)