

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000016159 (4)**

1. Corporation Name  
**MAJOR BUTTONS, INC.**



Principal Place of Business: **2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020**  
Mailing Address: **2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **03/03/1993**  
3a. Date of Last Report: **04/04/1995**

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

4. FEI Number: **65-0392102**  
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

9. Name and Address of Current Registered Agent  
**MANELLA, ROSS  
2206 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (DATE) \_\_\_\_\_  
Signature typed or printed below of registered agent and, if applicable, (DATE) Registered Agent signature entered when registering.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS	14TH ST.	
CITY-STATE-ZIP	LOS ANGELES CA 90021	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CHIUH, ERIC T	
STREET ADDRESS	785 EAST 14TH ST.	
CITY-STATE-ZIP	LOS ANGELES CA 90021	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SLOAN, MICHAEL	
STREET ADDRESS	251 B.W. 117 WAY	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Michael Sloan	
13 STREET ADDRESS	4109 N. W. 135th Street	
14 CITY-STATE-ZIP	Miami, Florida 33054	
21 TITLE	VP & S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Norman Smiley	
23 STREET ADDRESS	4109 N. W. 135th Street	
24 CITY-STATE-ZIP	Miami, Florida 33054	
31 TITLE	VP & T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gerald Smiley	
33 STREET ADDRESS	4109 N. W. 135th Street	
34 CITY-STATE-ZIP	Miami, Florida 33054	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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)(k), 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 checked, or as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael Sloan, President**

Date: **4/29/96**  
Signature: *[Signature]*

CR2E034 (12/95)