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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 93000016159

1. Corporation Name

**MAJOR BUTTONS, INC.**

Principal Place of Business <b>2206 Hollywood Blvd Hollywood, FL 33020</b>	Mailing Address <b>2206 Hollywood Blvd. Hollywood, FL 33020</b>
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3. Date Incorporated or Qualified <b>03/03/1993</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>4109 NW 135 St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami, FL</b> Zip 24 <b>33054</b>	2a. Mailing Address 26 <b>4109 NW 135 St.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33054</b> Country 30 <b>Dade</b>	4. FEI Number <b>65-0392102</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>Ross Manella, Esq. 2206 Hollywood Blvd. Hollywood, FL 33020</b>	10. Name and Address of New Registered Agent 81 Name <b>Jeffrey A. Sarrow, P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>300 S. Pine Island Road</b> 83 <b>Suite 304</b> 84 City <b>Plantation</b> FL 85 Zip Code <b>33324</b>
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **4-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D Michael Sloan 4109 NW 135 St Miami, FL 33054 <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	P/Sec/Dir. Michael Sloan 4109 NW 135 St. Miami, FL 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/S/Dir. Norman Smiley 4109 NW 135 St Miami, FL 33054 <input checked="" type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	Dir. Howard Melamed 2423 University Dr. Coral Springs, FL 33365 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/Treas/Dir Gerald Smiley 4109 NW 135 St Miami, FL 33054 <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	Dir. Sid Kopperl 2423 University Dr. Coral Springs, FL 33365 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; 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, or on an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MICHAEL SLOAN**  
Date **4-28-97** Daytime Phone # **305-685-4770**

CR2E034 (9/96)