

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000016159 (4)**  
 1. Corporation Name  
**MAJOR BUTTONS, INC.**



Principal Place of Business <b>4109 NW 135 ST. MIAMI FL 33054</b>	Mailing Address <b>4109 NW 135 ST. MIAMI FL 33054</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4880 NW 157 STREET</b>	2a. Mailing Address 26 <b>251 NW 117 WAY</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>MIAMI FL</b>	28 City & State <b>Coral SPRINGS FL</b>
24 Zip <b>33014</b>	25 Country
29 Zip <b>33071</b>	30 Country

3. Date Incorporated or Qualified <b>03/03/1993</b>	
4. FEI Number <b>65-0392102</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SARROW, JEFFREY A P.A.  
 300 S. PINE ISLAND ROAD  
 SUITE 304  
 PLANTATION FL 33324**

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

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: Jeffrey A. Sarrow (NOTE: Registered Agent signature required when reinstating) DATE: Mar. 18, 1997

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL SLOAN</b>	
STREET ADDRESS	<b>4109 N.W. 135TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MELAMED, HOWARD</b>	
STREET ADDRESS	<b>2423 UNIVERSITY DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33365</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOPPERL, SID</b>	
STREET ADDRESS	<b>2423 UNIVERSITY DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33365</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<b>4880 NW 157 ST.</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 as an attachment with an address.

SIGNATURE: Michael Sloan **MICHAEL SLOAN** DATE: Mar. 23, 1998 (800) 333-0699

CR2E034 (10/97)