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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020483 (0)

1. Corporation Name
FEMINELLA, INC.

Principal Place of Business
501 N.E. 20TH STREET
BOCA RATON FL 33432

Mailing Address
501 N.E. 20TH STREET
BOCA RATON FL 33431-6141



3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0568865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7620 TEXAS TR. Suite, Apt. #, etc.	2a. Mailing Address 26 7620 TEXAS TR. Suite, Apt. #, etc.
22 City & State 23 BOCA RATON FL. Zip 24 33487 Country 25 U.S.A.	27 City & State 28 BOCA RATON FL. Zip 29 33487 Country 30 U.S.A.

9. Name and Address of Current Registered Agent FEMINELLA, NICHOLAS 501 N.E. 20TH STREET BOCA RATON FL 33432	10. Name and Address of New Registered Agent 81 Name Feminella, NICHOLAS 82 Street Address (P.O. Box Number is Not Acceptable) 7620 TEXAS TR. 83 84 City BOCA RATON FL 85 Zip Code 33487
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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: *Nicholas Feminella* NICHOLAS Feminella 4-12-97
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	0 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEMINELLA, NICHOLAS	1.2 NAME	
STREET ADDRESS	15679 BOTTLEBRUSH CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33484	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEMINELLA, JENIFER	2.2 NAME	
STREET ADDRESS	15679 BOTTLEBRUSH CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33484	2.4 CITY - ST - ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas Feminella* NICHOLAS Feminella 4-12-97 1561-499-3037
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)