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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000055958 (9)
1. Corporation Name
FEMESSENTIALS, INC.



Principal Place of Business Mailing Address

8039 W SAMPLE RD
CORAL SPRINGS FL 33065
US

4305 CORAL SPRINGS DR
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 139 N.W. 88th WAY		26 934 UNIVERSITY DRIVE		07/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 141		65-0594870	
City & State		City & State		Applied For	
23 Coral Springs, FL		28 Coral Springs, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33071		29 33071		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 US		30 US		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAGUARDIA, JAMES V 4305 CORAL SPRINGS DR CORAL SPRINGS FL 33065		81 Name DONNA DIMARCO	
		82 Street Address (P.O. Box Number is Not Acceptable) 139 N.W. 88th WAY	
		83	
		84 Coral Springs FL 85 Zip Code 33071	

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 Donna Di Marco DATE 4/8/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT
NAME	LAGUARDIA, JAMES V	12 NAME	JASON CORT KREEK
STREET ADDRESS	4305 CORAL SPRINGS DR	13 STREET ADDRESS	204 THREE ISLANDS BLVD. #101
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	HALLANDALE, FL 33309
TITLE	VP	21 TITLE	VP
NAME	LAGUARDIA, FRANCES T	22 NAME	DONNA L. DIMARCO
STREET ADDRESS	4305 CORAL SPRINGS DR	23 STREET ADDRESS	139 N.W. 88th WAY
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE Donna Di Marco 944-344-7813

CR2E034 (10/97)