

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

FILED

May 12 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 # P96000057994 (1)

1. Corporation Name
POTPOURRI ENTERPRISES, INC.

Principal Place of Business
1046 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701

Mailing Address
1046 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701-7706



3. Date Incorporated or Qualified 07/08/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3379390		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		No	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

~~WYATT, ALICIA J~~
~~1046 BLACKWOOD STREET~~
~~ALTAMONTE SPRINGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name ANDRE PASCUAL RUSSONIELLO
82 Street Address (P.O. Box Number is Not Acceptable) 1046 BLACKWOOD ST.
83
84 City ALTAMONTE SPRINGS, FL 85 Zip Code 32701

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] DATE: 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYATT, ALICIA J	1.2 NAME	ANDRE PASCUAL RUSSONIELLO
STREET ADDRESS	1046 BLACKWOOD STREET	1.3 STREET ADDRESS	1046 BLACKWOOD ST
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY - ST - ZIP	ALTAMONTE, SPRINGS, FL 32701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		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: [Signature] SIGNATURE REQUIRED

4-28-97

CR2E034 (9/96)