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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600065061 (9)

REGENT FRAGRANCES, INC.

Principal Place of Business	Mailing Address
700 W. HILLSBORO BOULEVARD	700 W. HILLSBORO BOULEVARD
#2-206	#2-206
DEERFIELD BEACH FL 33441	DEERFIELD BEACH FL 33441-1616

FILED Jan 15 1997 8:00am Secretary of State



Principal Plac		Ť	Address							
#2-206	BORO BOULEVARD EACH FL 33441	v. Hillsboro Boulevard 6 Field Beach Fl 33441-1616								
							3. Date incorporated or Qualified 08/02/1996 a, Date of Last Report			
2. Principal P	lace of Business	2a, Mail 26	ing Address				4. FEI Nymber 65-068-9796			oplied For ot Applicable
Suite, Apt	#. etc.	 	e, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stat	e	27 City	& State				6. Election Campaign Financing		\$5.00	· · · · · · · · · · · · · · · · · · ·
23 Zip	Country	28 Zip		Count	trv		Trust Fund Contribution 8. This corporation has tiability for	etangible to	Added (
4	25	29		30		·	Ftorida Statutes	Yes 🗀	No	. 155.002.
DAC	g. Name and Address of Cu CHMAN, MARK A	rrent Hegistered	Agent	8	11	Name	10. Name and Address of New Re	gistered Ag	jent	
	5 PALM BEACH LAKES BOU	LEVARD		ē	12	Street Addre	ss (P.O. Box Number is Not Acceptate	ile)		
	TE 1200 ST PALM BEACH FL 33401			8	33		· · · · · · · · · · · · · · · · · · ·			
WE.	ST PALM DEACH TE 30401			l a	34	City			85 Zip	Code
							pration submits this statement for the p	<u>FL</u>		
SIGNATURE	m familiar with, and accept the o		cable (NO	IL Registered A			d when reinstating)	DATE	DIDECTOR	20 140
12. Title	D	AND DIRECTOR	DELETE	13.	<u></u>	— Т	ADDITIONS/CHANGES TO OFFIC		Change	Additio
NAME	RE, EUGENE L			1.2 NAM	ŧΕ					
STREET ADDRESS	700 W HILLSBORO BLVD.,			13 STRE	EET /	ADDRESS				
CITY - ST - ZIP TITLE	DEERFIELD BEACH FL 33	441	DELETE	14 CITY 21 TITU		-ZIP			Change	Additio
NAME			E preside	2.2 NAM		1		L	Griange	L. Addition
STREET ADDRESS				. I		ADDRESS				
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NAME				3.2 NAM		ADDRESS				
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NAME				4 2 NAN	ME					
STREET ADDRESS				43 STRE	EET A	ADDRESS				
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STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY		i				
TITLE			DELETE	6 1 TITL					Change	Additio
NAME				6.2 NAM	1E					
STREET ADDRESS				6.3 STRE	EET A	ADDRESS				
CITY Of 710	1			C 4 OLTH	PT	rano I				

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

SIGNATURE: