

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

**FILED**

**Apr 13 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 # P96000065139 (3)**  
1. Corporation Name  
**ZODIAC FRAGRANCES INCORPORATED**



Principal Place of Business <b>2577 JARDIN DRIVE FORT LAUDERDALE FL 33327</b>	Mailing Address <b>2577 JARDIN DRIVE FORT LAUDERDALE FL 33327</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2577 Jardin Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Weston FL</b> Zip Country 24 <b>33327</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>2577 Jardin Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Weston FL</b> Zip Country 29 <b>33327</b> 30 <b>USA</b>		3. Date incorporated or Qualified <b>08/05/1996</b>	
4. FEI Number <b>65-0692036</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 <b>BREIER, ROBERT 2577 JARDIN DR WESTON FL 33327</b>				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 <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>PSTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREIER, SANDRA</b>	1.2 NAME	<b>BREIER, SANDRA</b>
STREET ADDRESS	<b>2577 JARDIN DRIVE</b>	1.3 STREET ADDRESS	<b>2577 JARDIN DRIVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33327</b>	1.4 CITY-ST-ZIP	<b>Weston FL 33327</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREIER, ROBERT</b>	2.2 NAME	<b>BREIER, ROBERT</b>
STREET ADDRESS	<b>2577 JARDIN DRIVE</b>	2.3 STREET ADDRESS	<b>2577 JARDIN DRIVE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33327</b>	2.4 CITY-ST-ZIP	<b>Weston FL 33327</b>
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREIER, RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>85 JEFFERSON ST #3</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEWTON MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAHL, RISA</b>	4.2 NAME	<b>Stahl, Risa</b>
STREET ADDRESS	<b>321/2 24 AVE EAST</b>	4.3 STREET ADDRESS	<b>230 23 Ave East</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>	4.4 CITY-ST-ZIP	<b>Seattle WA 98112</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREIER, BILL</b>	5.2 NAME	
STREET ADDRESS	<b>202 DEMOTT AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLIFTON NJ</b>	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 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 in an attachment with an address.

SIGNATURE: *Robert Breier* 3/31/98 954-349-1519

CF2E034 (10/97)