SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

2a. Mailing Address

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8711

City & State

Suite, Apt. #, etc.

101

DOUNG.

333 P S

16

30

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

SW

101

Davie, FL

MOLINARI, DONNA 9860 N.W. 6TH COURT

PLANTATION FL 33324

33378

8711

City & State

22

23

Zip

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

30 St.

Country

81 Name

82

83

84 City

DOCUMENT #

1. Corporation Name P97000056829 (9)

INTIMATE OCCASSIONS, INC.

Principal Place of Business Mailing Address 9860 N.W. 6TH COURT 9860 N.W. 6TH COURT PLANTATION FL 33324 PLANTATION FL 33324

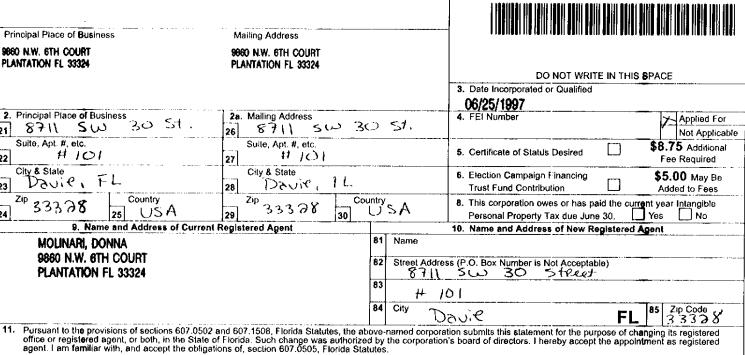
Country

USA

9. Name and Address of Current Registered Agent

Sit

FILED Oct 01 1998 8:00am Secretary of State



SIGNATURE Signature, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition NAME MOLINARI, DONNA 1.2 NAME sw 30 St. # 101 9860 N.W. 6TH COURT STREET ADDRESS 1.3 STREET ADDRESS 33398 FL PLANTATION FL 33324 Plantation CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY-ST-ZIP 4.1 TITLE L_] DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition . NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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.

CICMATHDE

9/27/98 /954/9678133