

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

FILED
Jul 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000088072			
1. Corporation Name PALM BEACH FRAGRANCES, INC.			
Principal Place of Business 11125 15LE BROOK CT WELLINGTON, FL. 33414		Mailing Address	
		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
		3. Date Incorporated or Qualified 10-13-97	
		4. FEI Number 65-0785561	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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 FIELDS, GARY D. 4400 AGA BLVD SUITE 700 PALM BEACH GARDENS, FL. 33410		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES, SEC, TREAS CRAIG BACHOVE 11125 15LE BROOK CT WPB, FL. 33414 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		100002530304 -07/16/98--01005--022 ***150.00	
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 13 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: CRAIG M. BACHOVE		Date 4/16/98 Daytime Phone # 561-820-9439	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/97)

(2)

CRAIG M. BACHOVE, CPA, MBA

Phillips Point West Tower
777 South Flagler Drive - Suite 800
West Palm Beach, FL 33401

Phone 561-820-9439
Fax 561-835-4903
E-mail craigb@icanect.net

July 9, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32302-1500

Re. Palm Beach Fragrances, Inc. #P97000088072 Annual Report

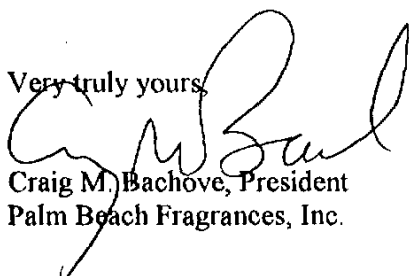
Attention:

I am in receipt of another annual report booklet indicating that my previous filing was not received by the Department of Revenue as of this date. Please be advised that I am enclosing a copy of the original filing and a replacement check for this matter, because apparently, this must have been lost in the mail. For your information, my bank did confirm that this check has not cleared at this time.

I am also attaching a copy of the previous report with an original signature for your files, along with the check for \$150.00. Please make the necessary notes in my corporate file due to this problem and please feel free to contact me should you have any further questions.

Thank you for your assistance and I apologize for any inconvenience caused by this matter.

Very truly yours,



Craig M. Bachove, President
Palm Beach Fragrances, Inc.