FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20345 (7)

1. Corporation Name
ACCENT ON TASTE, INC.

Principal Place of Business	Mailing Address
1301 N RIVERSIDE DR STE 13 POMPANO BCH FL 33062 US	1301 N RIVERSIDE DR STE 13 POMPANO BCH FL 33062 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qual Filed: 03/11/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0317703 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 520 ORTON AVENUE
Suite, Apt. #, etc.
22 STE 503
City & State
23 FT. LAUDERDALE, FL
24 Zip 33304 25 Country Broward

2a. Mailing Address
26 520 ORTON AVENUE
Suite, Apt. #, etc.
27 STE 503
City & State
28 FT. LAUDERDALE, FL
29 Zip 33304 30 Country Broward

9. Name and Address of Current Registered Agent
MCGOWAN, KATHLEEN A
1301 N RIVERSIDE DR
STE 13
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent
81 Name: KATHLEEN A MCGOWAN
82 Street Address (P.O. Box Numbers is Not Acceptable): 520 ORTON AVENUE
83 STE 503
84 City: FT. LAUDERDALE FL 85 Zip Code: 33304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[X] Change [ ] Addition
NAME	MCGOWAN, KATHLEEN A	12 NAME	
STREET ADDRESS	1301 N RIVERSIDE DR STE 13	13 STREET ADDRESS	520 ORTON AVENUE STE 503
CITY-ST-ZIP	POMPANO BCH FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	300001919563
STREET ADDRESS		63 STREET ADDRESS	-08/13/96--01012--026
CITY-ST-ZIP		64 CITY-ST-ZIP	***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kathleen A. McGowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHLEEN A. MCGOWAN

July 30, 1996 (954) 524-2733
DATE DAYTIME TELEPHONE #