

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000027874 (3)**

1. Corporation Name  
**THE FRAGRANCE DEPOT AT COLUMBUS MILLS, INC.**



Principal Place of Business  
**12801 WEST SUNRISE BLVD.  
SUITE 201  
SUNRISE FL 33323**

Mailing Address  
**12801 WEST SUNRISE BLVD.  
SUITE 201  
SUNRISE FL 33323**

2. Principal Place of Business  
21 [ ]  
Suite, Apt #, etc.  
22 [ ]  
City & State  
23 [ ]  
Zip  
24 [ ] Country  
25 [ ]

2a. Mailing Address  
26 [ ]  
Suite, Apt #, etc.  
27 [ ]  
City & State  
28 [ ]  
Zip  
29 [ ] Country  
30 [ ]

3. Date Incorporated or Qualified  
**03/30/1995**

3a. Date of Last Report  
[ ] Applied For  
[ ] Not Applicable

4. FID Number  
**65-0578239**

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 using ble tax under s. 199.032 Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**CAPELLA, JOHN W  
12801 WEST SUNRISE BLVD.  
SUITE 201  
SUNRISE FL 33323**

**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

11. Pursuant to the provisions of Sections 607.05(2) 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: *John W. Capella*  
Signature of Corporation Registered Agent or Director

1-30-96  
Date

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	[ ] DELETE
NAME	CAPELLA, JOHN W	
STREET ADDRESS	12801 WEST SUNRISE BLVD., SUITE 201	
CITY- ST- ZIP	SUNRISE FL 33323	
TITLE	VS	[ ] DELETE
NAME	CAPELLA, ANNE M	
STREET ADDRESS	12801 WEST SUNRISE BLVD., SUITE 201	
CITY- ST- ZIP	SUNRISE FL 33323	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	[ ] Change [ ] Add on
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	[ ] Change [ ] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	[ ] Change [ ] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	[ ] Change [ ] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	[ ] Change [ ] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

300001758173  
03/26/96 - 01/41 - 000  
\$49,200.00

32  
3.26

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)(k), 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 an attachment with an address.

SIGNATURE:

*John W. Capella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (305) 384-9689  
Date District Phone

CR2E034 (12/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

•PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F23211**  
1. Corporation Name  
**United Welding Services, Inc.**

Principal Place of Business Mailing Address  
**606 Industrial Park Dr.  
Perry, FL 32347**

3. Date Incorporated or Qualified **5/4/81** 3a. Date of Last Report **1995**  
4. FEI Number **59-2078480** 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 2a. Mailing Address  
21. **Same** 26. **Same**  
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.  
23. City & State 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

**9. Name and Address of Current Registered Agent**

**Larry K. Jones  
Rt. 3, Box 11  
Perry, FL 32347**

**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 of the principal name of registered agent and filer (applicable)

Signature of the new agent (signature required when filed)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Larry Kenneth Jones</b>	
STREET ADDRESS	<b>Rt. 3, Box 11</b>	
CITY, ST, ZIP	<b>Perry, FL 32347</b>	
TITLE	<b>Secretary-Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Sherril Laine Jones</b>	
STREET ADDRESS	<b>Rt. 3, Box 11</b>	
CITY, ST, ZIP	<b>Perry, FL 32347</b>	
TITLE	<b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME	<b>James H. Simpson</b>	
STREET ADDRESS	<b>Rt. 1, Box 628</b>	
CITY, ST, ZIP	<b>Perry, FL 32347</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

600001758176  
03/26/96-01141-021  
\*200.00

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: **Larry K. Jones** 2/19/96 904-584-3448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)

JZ  
3.26