

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 240627

**Entity Name:** ELIZABETH ARDEN, INC.

**Current Principal Place of Business:**

880 SOUTHWEST 145TH AVE.  
SUITE 200  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

C/O REVLON, 2147 ROUTE 27  
EDISON, NJ 08818 US

**FEI Number:** 59-0914138

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHEEHAN, MICHAEL  
Address C/O REVLON, INC.  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name HORMOZI, MITRA  
Address C/O REVLON, INC.  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR  
Name ALMANI, YOSSE  
Address C/O REVLON, INC.  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title VICE PRESIDENT & ASST.  
SECRETARY  
Name MARINA, OSCAR  
Address 880 SW 1145 AVENUE  
2ND FLOOR  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP, ASST. SECRETARY  
Name SHEEHAN, MICHAEL T  
Address C/O REVLON, INC.  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title VP, ASST. SECRETARY  
Name FITZSIMMONS, MEAGAN  
Address C/O REVLON, INC.  
ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

Title ASST. TREASURER  
Name SOCK, MARK  
Address 2147 ROUTE 27  
City-State-Zip: EDISON NJ 08817

Title VP  
Name PETERSON, CHRIS  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEW YORK NY 10004

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK SOCK

ASST. TREASURER

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GREGORY, JOHN  
Address ONE NEW YORK PLAZA  
City-State-Zip: NEWYORK NY 10004