APR-27-99 TUE 10:19 AM ROBERTSHUMAN FAX NO.
APR- 9-99 FRI 9:53 AM SOUTHERN PAPER RECOVERY FAX NO. 1

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90077 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000003907

1. Corporation Name
PARFUMS DINARD, INC.

Principal Place of Business
P.O.BOX 1492
SAVANNAH GA 31402

Mailing Address
P.O.BOX 1492
SAVANNAH GA 31402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 2a. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

3. Date Incorporated or Qualified
07/09/1998

4. FEI Number
58-2389365
☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMID, JOHN
5108 IMPERIAL COVE RD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, DEXTER		1.2 NAME	
STREET ADDRESS	1028 GWINNETT STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31415		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMID, JOHN R		2.2 NAME	
STREET ADDRESS	5108 IMPERIAL COVE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREGG, WILLIAM E		3.2 NAME	
STREET ADDRESS	P.O.BOX 1492		3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA 31402		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ 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			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 all other like empowered.

SIGNATURE: x [signature] SIGNATURE REQUIRED x 3-15-99 x 912-232-4413
Date Daytime Phone #

CR2E034 (1/99)