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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67475 (8)

1. Corporation Name

IRENE PARFUMS AND COSMETIQUES LABORATORY, INC.

Principal Place of Business

C/O IRENE SALTZMAN
1141 WEST ADAMS STREET
JACKSONVILLE FL 32204

Mailing Address

C/O IRENE SALTZMAN
1141 WEST ADAMS STREET
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3012245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SALTZMAN, IRENE
1141 WEST ADAMS STREET
JACKSONVILLE FL 32204

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)

(Signature: Typed or printed name of registered agent and title if applicable)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**P
SALTZMAN, IRENE
2701 OCEAN DRIVE, SOUTH
JACKSONVILLE BEACH FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

3 2 2 5 0

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**T
HANLY, EDWARD B., III
2701 OCEAN DR S
JACKSONVILLE BCH FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

3 2 2 5 0

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**S
HANLY, ARLENE SALTZMAN
2701 OCEAN DR S
JACKSONVILLE BCH FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

3 2 2 5 0

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

Irene Saltzman
IRENE SALTZMAN
President

4/25/95

908 358 3206