

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L67475** (8)

1. Corporation Name

IRENE PARFUMS AND COSMETIQUES LABORATORY, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**SALTZMAN, IRENE
1141 WEST ADAMS STREET
JACKSONVILLE FL 32204**

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 607.02(2) and 607.15(4)(b), Florida Statutes, this corporation certifies that the information furnished herein is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be deemed to be the corporation's act and choice, thereby accepting the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(2) and 607.15(4)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	SALTZMAN, IRENE	2701 OCEAN DRIVE, SOUTH	JACKSONVILLE BEACH FL
T	HANLY, EDWARD B., III	2701 OCEAN DR S	JACKSONVILLE BCH FL
S	HANLY, ARLENE SALTZMAN	2701 OCEAN DR S	JACKSONVILLE BCH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1	NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	☐	☐
2	NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐	☐
3	NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐
4	NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐
5	NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐
6	NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐	☐
7	NAME	73 STREET ADDRESS	74 CITY, ST, ZIP	☐	☐
8	NAME	83 STREET ADDRESS	84 CITY, ST, ZIP	☐	☐

14. I, the undersigned, certify that the information supplied to the filing jurisdiction, furnished in accordance with the provisions of Section 607.02(2), Florida Statutes. I further certify that the information in this report is true and correct and that I am an officer or director of the corporation or the person or persons in possession of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in changes to officers and directors in this report.

SIGNATURE:

Irene Saltzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRENE SALTZMAN

April 26, 1996

904 358 3206

CR2E034 (12/95)