FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90055 049 ***150 0

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DOCU	MENT # P93000	038602						
1. Corporation	OUSE FRAGRANCES, INC.		•		1			
WAREI	OUGE FRAGRANCES, INC.				1 (BAI) RAI NA 19180 HITH BOIN GO	Nii Thiin Baita	(11 01 1 0210 0 1165 1	#### 1184 ###
1	•							
Principal Plac	ce of Business	Mailing Address			-	ili obili taloo i		18140 JUN 1481
6195 PARK BL		6195 PARK BLVD			,	•		
PINELLAS PAR	K FL 34665	PINELLAS PARK FL 34665	•		DO NOT WRI	TE'IN THIS	SPACE	
					3. Date Incorporated or Qualifed	12 11 1110	OI NOL	
·	· · ·				05/24/1993			
	Place of Business	2a. Mailing Address	ı. Mailing Address İ		4. FEI Number			plied For
21 26 Suite, Apt. #, etc. Suite, Apt					NOT APPLICABLE		\$8.75 A	t Applicable
22 27		⊢	Ĺ		5, Certificate of Status Desired		Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May·Be
Zip	Country Zip Co		Country		Trust Fund Contribution		Added to	o Fees
24	25 29 30				This corporation owes the curre Personal Property Tax.	ent year Inta		No
9. Name and Address of Current Registered Agent					10. Name and Address of New R	legistered /		
CLA		ALPED CO. A.C.	81 1	lame				
CLARK, LAURENCE M				treet Addre	ess (P.O. Box Number is Not Accepta	ible)		
PINELLAS PARK FL 34665			83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	or greet to get to of 1938 and 1838	one sector of the sector of th	inicania.
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Can a torte	, ,	***	84 0	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut	es, the above-na	amed corpo	ration submits this statement for the	purpose of	changing its	registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.	COIPOIALIOI	ins board of directors, Thereby accep	t tile appoil	unem as reg	jistereu
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable (NOTF	Registered Agent sig	nature required	when reinstating), 14-5	DATE		
12.	OFFICERS AND		13.	Action regards	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	-1.1 TITLE		HT APPLICABLE		Change	☐ Addition
NAME	CLARK, LAURENCE M 6195 PARK BLVD		1.2 NAME					•
STREET ADDRESS CITY-ST-ZIP	PINELLAS PARK FL 34665	•	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	DST	DELETE	2.1 TITLE	- .			Change	Addition
NAME	MOSS, ELLEN		2.2 NAME)			•	
STREET ADDRESS	6195 PARK BLVD		2.3 STREET AD	DRESS				
CITY-ST-ZIP	PINELLAS PARK FL 34665	DELETE	2.4 CITY-ST-Z	Р			Chongo	Addition Addition
NAME / A D. C.	N MARAGES	Chercie	3.1 TITLE 3.2 NAME	}	<i>:</i>	•	Change	- Addition
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CITY-ST-ZIP	MARKETS STORY		3.4, CITY-ST-ZI	<u> </u>			指型指	
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NAME			4.2 NAME					
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TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME .			. 5.2 NAME	İ				
STREET ADDRESS			5.3 STREET ADD	ļ	ing the state of t			
CITY-ST-ZIP	And the second s	☐ DELETE	5.4 CITY-ST-ZIF 6.1 TITLE	'			Change	Addition
NAME	维维的特别的 是,以201	C) pereie	6.2 NAME	} .			☐ Change	
STREET ADDRESS	MELMINES OF THE		6.3 STREET ADD	RESS .				
CITY-ST-ZIP	GREET THE STREET		6.4 CITY- ST-ZIF	,	•		· .	'

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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUST GAMPILLA REQUIRE APPREAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

613-547-1407 Daytime Phone #