FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000062446 (8)**

1. Corporation Name
SMART SCENTS, INC

Principal Place of Business
P.O. BOX 1231
LAKE WORTH FL 33460

Mailing Address
P.O. BOX 1231
LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **09/01/1993**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0436089** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARCH, ROBERT
SUITE 303N
LAKE WORTH FL 33460

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 Section 607.0502 or 1607.1502, Florida Statutes, the undersigned corporation files 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

TITLE D
NAME MARCH, ROBERT
STREET ADDRESS 1502 S LAKESIDE DR
CITY-ST-ZIP LAKE WORTH FL 33460
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1a NAME
1b STREET ADDRESS
1c CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2a NAME
2b STREET ADDRESS
2c CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3a NAME
3b STREET ADDRESS
3c CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4a NAME
4b STREET ADDRESS
4c CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5a NAME
5b STREET ADDRESS
5c CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6a NAME
6b STREET ADDRESS
6c CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate and that this report is executed, for the purpose stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report I have an duty to amend such information, if applicable, 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 attached sheet, with my title or address.

SIGNATURE: Robert March Robert MARch 3-27-96 407-5885285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #