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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000077715 (8)

GOOD SCENTS LTD. INC.

Principal	Place of	<b>Business</b>

8215 SUNNY OAK DRIVE

Mailing Address

9215 SUNNY OAK DRIVE RIVER VIEW EL 33569-5672

## **FILED** Mar 17 1997 8:00am Secretary of State

813-0534



US	L 03000	US			
				<ol> <li>Date Incorporated or Qualified 10/21/1994</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 4315	Sunnyak Drive	26 9215 Sunr	yoak Dri	او_ 59-3274399	Not Applicable
Suite, Apt.		Suite, Apt #, etc.	1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	[	6. Election Campaign Financing	\$5.00 May Be
23 KILLER Zip 22 5		28 KWENIEW	Country	Trust Fund Contribution	☐ Added to Fees
24 <sup>219</sup> 335	069 25 USA	33569	ممرضنا التا	8. This corporation has liability for a Florida Statutes	intangible tax under s. 199.032, I Yes           No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
BEE	HN, KELLY L		81 Name	Beehn Kelly L	
9219	5 SUNNY OAK DRIVE		82 Street A	Address (P.O. Box Number is Not Acceptab	sle)
RIVE	ER VIEW FL 33569		1921	5 Sunnyoak Dri	ve
			83	1-	
			84 City		<b>85</b> Zip Code
15 Durquant 6	to the provinings of Sections 607 0509	and CO7 1CO9 Florida Ciatulas		NOMED corporation submits this statement for the p	<b>FL</b>     おおちんり
l Office or ri	<b>equatered age</b> nt, or both, in the State o	of Florida. Such change was aut	tharized by the carn	corporation submits this statement for the p loration's board of directors. Thereby accep	urpose of changing its registered of the appointment as registered
	m (amiliar with, and accept the obligat	ions of, Section 607 0505, Florid	da Statules.	Q la Don land	3-17-07
SIGNATURE	Signature, typed or printed lame of registered ager i	and life if applicable (NOTE: F	registered Agont signature i	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	□ DEFETE	1111745		Change Addition
NAME	BEEHN, KELLY L		1.2 NAME		
STREET ADDRESS	9215 SUNNY OAK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	RIVERVIEW FL	DELETE	1.4 CITY - ST - 7IP		0
NAME		□ ptreut	2.1 TITLE 2.2 NAME		L_ Change Addition
STREET ADDRESS			2.2 NAIWE 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ACCURESS		
CITY-ST-ZIP			3.4. C!TY-\$T-ZiP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		i
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	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	cartify that the internation are the	with this files does not suit !	64 CHTY-S1-ZIP	sted in Continue 440 Ozvoville	The state of the s
Information	n indicated on this annual report or sui	oplemental annual report is true ne receiver or trustee empowere	eand accurate and to do to execute this re	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same legal sport as required by Chapter 607, Florida St	l affact as if made under eath: that l
			,	17.1	ひくひ ふぐつ / /