

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morim Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000077715 (8)
1. Corporation Name

GOOD SCENTS LTD. INC.

Principal Place of Business

Mailing Address

9215 SUNNYOAK DRIVE
RIVERVIEW FL 33569
US

9215 SUNNYOAK DR
RIVERVIEW FL 33569
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1994	
21		26	PO Box 592	4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
23		28	Riverview FL		
Zip	Country	Zip	Country		
24		29	33569	30	FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEEHN, KELLY L
9215 SUNNYOAK DRIVE
RIVERVIEW FL 33569

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

7-10-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. BEEHN, KELLY L	1.1 TITLE	
NAME	BEEHN, KELLY L	1.2 NAME	
STREET ADDRESS	9215 SUNNY OAK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

[Signature]

7-10-98

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672-2424

CR2E034 (5/98)