

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058546 (9)

1. Corporation Name

NATURAL SCENTS, INC.



Principal Place of Business

605 GARLAND CIRCLE
INDIAN ROCKS BEACH FL 34635

Mailing Address

605 GARLAND CIRCLE
INDIAN ROCKS BEACH FL 34635

2. Principal Place of Business

21 483 MANDALAY AVE

Suite, Apt. #, etc.

22 212

City & State

23 CLEARWATER BCH FL

Zip

24 34630

Country

2a. Mailing Address

26 483 MANDALAY AVE

Suite, Apt. #, etc.

27 212

City & State

28 CLEARWATER BCH FL

Zip

29 34630

Country

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

4. FEI Number

59-3328776

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARY ANN DANIELE

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

605 GARLAND CIR

83

INDIAN ROCKS BCH

84 City

FL

85 Zip Code

34635

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 607.0505, Florida Statutes.

SIGNATURE

Mary Ann Daniele

4/6/96

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DANIELE, MICHAEL J
STREET ADDRESS 605 GARLAND CIRCLE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 34635

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael J Daniele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

813-447-1704

Daytime Phone #

CR2E034 (12/95)