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

DOCUMENT # P95000064445

1. Corporation Name

GOURMET SCENTSATIONS, INC.

				_
Principal	Р	ace	Λf	Business
· morpon	•		٠.	

Mailing Address

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90019 018 ***150.00



Fillicipair ace	S Of Dusiness	manny / maroos					
313 JOHN FING SARASOTA FL		3030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34223 US			DO NOT WRITE IN THIS	SPACE	
		V			3. Date Incorporated or Qualifed 08/21/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
	St. ARMANDS CR				65-0610664	N	ot Applicable
Suite, Act.	<u></u>	Suite, Apt. #, etc.			5 0 W 4 (SW 5 5 5 4)	\$8.75	Additional
22	,	27			5. Certifcate of Status Desired	Fee R	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
— <i>1</i> 7.	asota FL	28			Trust Fund Contribution		to Fees
Zip	Cour try	Zip	Country		8. This corporation owes the current year Int	angible	
24 342	36 [25]	29	30		Personal Property Tax.	☐ Yes	□No
24 37 12	9. Name and Address of Current				10. Name and Address of New Registers d	Agent	
			81	Name			
FOU	rnier, robert m				0 D N h / N A		
1800 SECOND STREET, SUITE 803			82	Street Acid	Iress (P.O. Box Number is Not Acceptable)		
	ASOTA FL 34236		83				
			84	City	FL	85 Zip	Code
				<u> </u>	· -	- 1	a conjectored
office cr n	egistered agent, or both, in the State of mailiar with, and accept the obligati	f Florida. Such change was	authorized by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	ntment as re	egistered
SIGNATURE	Signature, typed or printed naine of registered agent	and title if applicable. (NO	T :: Registered Age	nt signature requir	red when reinstaling) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SCHATZ, PETER S		1.2 NAME	ļ			
STREET ADDRESS	3030 GULF OF MEXICO DR.		13 STREE	T ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-S	ST. ZIP			
TITLE	0	☐ DELETE	2.1 TITLE			☐ Change	Addition
	SCHATZ, RAE B	_	2.2 NAME	Ĩ			
NAME	3030 GULF OF MEXICO DR.			T ADDRESS			
STREET ADDRE 3S	LONGBOAT KEY FL 34228						
Crty-st-ZIP	EUNGBOAT RET PE 34220	☐ DELETE	2. 4 CITY- 3.1 TITLE	51-ZIF		Change	Addition
TITLE							_
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	ĺ		change	L Addition
NAME			4. 2 NAME				
STREET ADDRE: S			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	51 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
			6.2 NAME	-			
NAME				T ADDRESS			
STREET ADDRES S				ľ			
CITY-ST-ZIP			6.4 CITY-	51-ZIP			

14. I hereby certify that the information supplied with this filling 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 12 or Block 13 if changed of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP